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FAMILY OF THE FUTURE'S
CONTRACEPTIVE SOCIAL MARKETING PROJECT
IN EGYPT

A.I.D. EVALUATION WORKING PAPER NO. 111

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FOREWORD

"Technology" refers to ways of doing things, to the "know-how" embodied in material objects (a steel plow), processes (the assembly line), or ideas or approaches (the scientific method). No culture or society has had a monopoly on the discovery or development of new technologies; new technologies arise as people try to develop better solutions to existing needs. That most technologies are now widely dispersed around the globe can be attributed to the ease of transportation of goods and people, widespread literacy and scientific education, mass communication systems, international diffusion of scientific and technical knowledge, and patterns of international trade, which support the spread of material technology.

A.I.D.'s interest in the technology transfer process stems from the growing recognition that certain technologies, if successfully transferred, can contribute significantly to relieving poverty, hunger, and other problems faced by virtually every developing country. For example, consider the following technologies:

- Fuel-efficient cooking methods can reduce the use of firewood, time spent in wood-gathering, and in-home air pollution, as well as the rate of deforestation.

- Oral rehydration solutions can dramatically reduce mortality and morbidity due to diarrheal dehydration.
- Contraceptive products can improve maternal and child health through birth spacing and can lower the rate of population growth, thus providing countries with a margin for achieving other social and economic goals.
- Social marketing technology can be effective in encouraging adoption of technologies such as the three listed above. As such, it is an ancillary, supporting technology that promises a wide range of applications.

The Agency for International Development's (A.I.D.) Center for Development Information and Evaluation of the Bureau for Program and Policy Coordination has begun a series of reports on technology transfer that will examine marketing and distribution systems affecting renewable energy systems, health care, agriculture, and family planning. The contraceptive social marketing project of Family of the Future (FOF) an Egyptian organization, was chosen as one of several case studies in this series.

SUMMARY

The Agency for International Development (A.I.D.) has funded two successful programs in Egypt that apply social marketing technology. Family of the Future (FOF), an Egyptian organization, promotes family planning and distributes contraceptives through a network of private pharmacies. The National Control of Diarrheal Diseases Project (NCDDP), supports the national oral rehydration therapy campaign, a program designed to reduce infant and child mortality from diarrheal disease and which operates through Government channels. Both efforts were examined by a team fielded by A.I.D.'s Center for Development Information and Evaluation to better understand the marketing technology transfer process. The field study is part of a series examining the technology transfer of marketing and distribution systems in food and agriculture, family planning, and health care.

Social Marketing, Contraceptives, and O.R.T.

Social marketing is the use of marketing tools (marketing research, product development, pricing, distribution, advertising and promotion) to encourage behavioral changes that benefit society by appealing to people's self-interest. Both

the national oral rehydration therapy campaign and FOF's family planning activities use social marketing technology to market their concept (oral rehydration therapy or the use of contraceptives) and their product oral rehydration salts or contraceptives. The goal of NCDDP is to save the lives of infants and children by encouraging parents and care givers to administer oral rehydration salts to children with diarrhea. FOF aims to reduce births by encouraging the use of contraceptives.

Several factors affect the establishment, structure, and effectiveness of social marketing programs: (1) demand for and attitude toward the product or concept to be marketed, (2) government policy and regulations, (3) existing infrastructures for marketing and distribution, (4) product line, (5) involvement of influential and committed individuals, and (6) level of financial and technical resources.

The nature of the product, the intended market, and the competition must all be taken into account in planning the marketing mix--the combination of product features, promotion, pricing, and distribution channels used to make the product attractive and accessible to the target market. Although contraceptive products and oral rehydration salts can both be considered as health-related product categories, both that share

certain similarities, they also differ in ways that have affected the marketing mixes developed for each. The differences in the product categories explain their different levels of product acceptance among the Egyptian population. The use of contraceptive products is problematic in a Moslem culture with ambiguous religious teachings on family planning. Hence, acceptance of contraceptive products is low. Oral rehydration therapy, however, is a simple home treatment that does not conflict with Egyptian values; there are no cultural taboos or strong traditions against using oral rehydration salts.

Contraceptives and oral rehydration salts also share certain characteristics, including a similar target market: mothers and other family members involved with the care of children. Oral rehydration salts and contraceptive products are widely available at modest prices (or free) at pharmacies and Government clinics. Access to the products is apparently not substantially limited by availability or by ability to pay. Thus oral rehydration salts and contraceptives are similar in target market, price, and outlets.

Many individual technologies are transferred in a social marketing program. The core technology is the product, for example, a birth control device, but other supporting technologies are critical to the process, such as physician

training, manufacturing processes, distribution systems, and the means of disseminating information on the availability of the product.

Contraceptive Social Marketing in Egypt

The Egyptian Government's commitment to slowing population growth has created a positive environment for achieving the goals of FOF, despite the regulations that have hampered the organization's progress. The Egyptian Government has indicated its clear support for a strong family planning effort.

Advertising socially beneficial concepts and products was not a new idea in Egypt at the time of FOF's inception. However, advertising contraceptives in newspapers, and on television, radio, billboards, and buses had never been done before. Getting these advertisements through the censorship boards was a major accomplishment.

Marketing research and promotion are the foundations of FOF's social marketing effort, but the system for delivering contraceptives to the ultimate user is critical to contraceptive sales and to the impact on contraceptive prevalence in Egypt. Initially, FOF tried contracting with a private distribution firm; then it contracted with a Government-owned pharmaceutical

distribution firm. Neither arrangement proved satisfactory. In response, FOF established an effective internal distribution system that includes all points in the process from receipt of commodities to their delivery.

The most important infrastructure for retail sales, a network of outlets, already existed in Egypt. The extensive, nationwide network of pharmacies and the high ratio of doctors to population provided a ready network of outlets through which FOF could market contraceptives. Without this network, FOF would not have been able to operate.

Usually, contraceptive social marketing projects include oral pills, condoms, and foaming tablets. In Egypt (as in Mexico), intrauterine devices (IUDs) have been sold through social marketing projects as well. FOF has played an important role in training physicians in IUD insertion and in informing pharmacists about family planning techniques and products. Regular visits from medical representatives, FOF-run training programs in IUD insertion for physicians, and FOF-sponsored conferences for physicians and pharmacists have all imparted new information to the Egyptian medical community.

As with any innovative program, the involvement of influential and committed individuals is critical. The FOF

board members were instrumental in overcoming obstacles which stemmed from Government policies and regulations. Strong marketing leadership from FOF's executive director set an entrepreneurial rather than bureaucratic tone, which enhanced marketing effectiveness. Without the respectability these individuals conferred on the project, it would have suffered from being perceived as an insensitive attempt at making money from the sale of contraceptives.

Impact of the Programs and Financing

Their social marketing efforts of FOF and the National Control of Diarrheal Diseases Project (NCDDP) appear to have been successful. During its first 5 years of operation, FOF generated 1.8 million couple-years of protection and gained international recognition. And, after 2 years of the oral rehydration therapy campaign, oral rehydration salts can be found in pharmacies throughout Egypt; almost 95 percent of all mothers are aware of oral rehydration therapy, and deaths from diarrhea are decreasing steadily.

Without A.I.D.'s financial assistance, FOF would not have had access to the technologies that it needed. The transfer of marketing research skills and plans for media campaigns would not have been possible. A.I.D. financing was necessary at the outset to bring in the needed skills.

Lessons Learned

In light of these results, the following findings and lessons can be drawn:

- Existing diffusion networks (delivery systems) may be inappropriate for certain products and may require adaptation for successful project implementation. But building diffusion networks is easier when analogous networks already exist and provide a base of resources. Egypt had health product diffusion networks, but these were inadequate for meeting the needs of the FOF project.
- Existing demand for and social acceptability of products appear to be factors that determine whether an existing delivery system (diffusion network) can be appropriate for the transfer of products.
- No internal research or advertising capabilities were developed within the NCDDP, with the exception of a private nonprofit organization to develop social communication mass media messages that was formed by the project's communication consultant and an FOF communication expert in mid-1985.

- Target users should be viewed as consumers with choices, not merely as objects of programs. The fact that the contraceptives offered by the project were neither cheaper than nor different from the contraceptives offered by other sources forced the project to focus on the thinking of consumers and to adopt and carry out aggressive awareness and marketing campaigns.

- Future financial viability for the contraceptive social marketing program depends on FOF first developing operational self-sufficiency, and then progressively discontinuing its dependence on donor subsidies.

GLOSSARY

A.I.D.	-	Agency for International Development
CID	-	Chemical Industries Development Company
CYP	-	Couple-years of protection
EFPA	-	Egyptian Family Planning Association
EPTC	-	Egyptian Pharmaceutical Trading Company
FOF	-	Family of the Future
IPPF	-	International Planned Parenthood Federation
JSI	-	John Snow International
£E	-	Egyptian pound (100 piasters) 1 £E = US\$1.25
MED	-	Middle East Distribution Company
MIS	-	management information system
NCDDP	-	National Control of Diarrheal Diseases Project
NFPP	-	National Family Planning Project
PVO	-	private voluntary organization
SIS	-	State Information Service
SPAAC	-	Social Planning, Analysis, and Administration Company

1. INTRODUCTION

Family of the Future (FOF) is a semiprivate, nonprofit Egyptian family planning organization selling contraceptives to the Egyptian public through a variety of mechanisms. FOF promotes the concept of family planning and distributes, promotes, and advertises its own brand of contraceptives. The contraceptive social marketing project began in 1979 with financial support from the International Planned Parenthood Federation (IPPF). Funding by the U.S. Agency for International Development (A.I.D.) began in September 1980 and has continued to the present.

During its first 5 years of operation, FOF sold contraceptives equivalent to 1.8 million couple-years of protection¹, while gaining international recognition as an innovator among family planning programs for the breadth of its product line, its use of marketing research and advertising, its contact network with pharmacists and physicians, and its internal marketing organization and information and distribution systems.

¹ Couple-years of protection is defined as the amount of contraceptives required to protect one couple from pregnancy for 1 year (e.g., 13 cycles of pills, 100 condoms, 100 foaming tablets, or 4 injectables; one IUD = 2.5 CYPs).

This report studies the FOF program both as a social marketing program and as an example of technology transfer. Both social marketing and technology transfer are of high interest to A.I.D. in its efforts to improve the circumstances of the poorest of the poor. The FOF social marketing effort uses private sector firms and resources to provide a cost-effective way to deliver contraceptive products and to encourage their use. An understanding of the technology transfer process can suggest efficient and effective ways to extend the benefits of contraceptive social marketing programs to other countries. It can also identify those factors that facilitate or constrain the transfer of technology.

Another A.I.D.-funded social marketing project, the National Control of Diarrheal Diseases Project (NCDDP), has been implemented in Egypt during the past 2 years. NCDDP has launched a successful campaign to teach mothers to use oral rehydration therapy when their children have diarrhea. Contraceptive social marketing and FOF were the main focus of this evaluation, but given A.I.D.'s great interest in oral rehydration therapy, it was decided that an examination of some of the differences and similarities in the social marketing of these two health products--contraceptives and oral rehydration salts--might provide valuable insights. Comparisons between FOF's contraceptive social marketing project and NCDDP will be drawn throughout this report. (See Appendix I for a more in-depth discussion of NCDDP and a detailed project comparison.)

2. EGYPTIAN CONTEXT

2.1 The Demographic Situation

In the past few decades the Egyptian population has been growing at an alarming rate, nearly doubling from about 26 million people in 1960 to over 49 million in 1985. The population is currently growing at a rate of 2.7 percent per year. If this trend continues, Egypt's population will again double by the year 2012. Almost one-quarter of the Egyptian population lives in the capital city of Cairo. Ninety-five percent of the population lives on only 3.5 percent of Egypt's total land area, making Egypt one of the most densely populated countries in the world. The current contraceptive prevalence for couples at risk is estimated to be about 30 percent, and the total fertility rate² is 5.3. Infant mortality in Egypt is also quite high: in 1985, 80 infants died of every 1000 born.

Since the 1952 revolution, the Egyptian Government has aspired to enhance the well-being of the population through policies and programs related to food, energy, education, and

² The total fertility rate is the average number of children a woman would bear in her lifetime given current fertility levels.

employment. Basic foodstuffs and electricity are highly subsidized (to the extent that there is now concern about wastage), and education is compulsory from ages 6 to 12 years (yet primary schools and teachers are in very short supply in some areas and not all eligible children actually attend). Unemployment and underemployment further limit opportunities for families to improve their economic circumstances. Migration from rural to urban areas has raised the urban population to 46 percent in 1984, increasing the pressure on public services and infrastructure. Acknowledgment of the adverse impact of the rapid population increase on achievement of the country's economic and social goals led the Egyptian Government in the early 1960s to seriously consider efforts to curb population growth.

2.2 History of Egypt's Family Planning Effort

Family planning services have been available in Egypt since 1953 through Government-run clinics that distribute free contraceptives. These few clinics, however, reached only a small percentage of the population. In the mid-1960s, all family planning efforts were coordinated under the Supreme Council for Family Planning. The Government's family planning services are delivered through the Ministry of Health as an

extension of its maternal and child health activities. As of 1982, there were nearly 4,000 family planning units throughout the country. The Council also oversaw the Egyptian Family Planning Association (EFPA), which was selected to coordinate the work of all private voluntary organizations (PVOs) that provide family planning services. The EFPA works under the Ministry of Social Affairs and is also associated with the International Planned Parenthood Federation (IPPF). Currently EFPA is responsible for 500 clinics offering services to the Egyptian public. In 1985, President Mubarak established the National Population Council, which oversees the newly formed National Family Planning Project (NFPP). These efforts signaled the Egyptian Government's clear support for a strong family planning effort.

3. FAMILY OF THE FUTURE

In 1977-1978, personnel at IPPF in London decided to support the marketing of contraceptives through existing commercial outlets in Egypt. An eight-member board of directors (all Egyptians), under the auspices of the EFPA, was formed to oversee the project. In 1979 a new semiprivate, semiautonomous company called Family of the Future (FOF) was founded to use social marketing techniques to sell contraceptives with IPPF funding.

The FOF board of directors, along with IPPF staff, immediately began the search for an executive director for FOF. After advertising the position internationally, they chose an Egyptian marketing specialist with considerable U.S. experience. His background in U.S. marketing, his shrewd business sense, and his ability to choose excellent people to staff the organization played a key role in the success of FOF's contraceptive social marketing activities.

Within a year, it became clear that IPPF resources were inadequate for FOF needs, and the USAID Mission in Cairo took over as the principal funding source. A.I.D. has funded the project since 1980 and plans to continue funding for the immediate future. Some funds go directly from A.I.D. to FOF, and others go through the major U.S. technical assistance contractor (TRITON Corporation), reaching FOF indirectly. These dual funding channels allow FOF somewhat greater autonomy than might have been the case had all funds come through a U.S.-based intermediary.

FOF began as a small organization with an executive director and a few key staff members reaching doctors and pharmacies in the Cairo area only. In less than 6 years, it has expanded to an organization of over 150 employees, and its products now reach all but the most isolated rural areas in Egypt. A full range of contraceptive products is offered

including condoms (Tops), a low-dose pill (Norminest Fe), a foaming tablet (currently Flower, formerly Amaan), an injectable Depo Provera; not funded by A.I.D.), and two types of IUDs (the Copper-T and the Copper-7). FOF reaches the public through virtually all media available in Egypt--television, radio, billboards, magazines, newspapers, and bus cards. FOF's well-developed marketing research division has kept the organization well informed about events in the marketplace and the opinions of end-users (consumers).

FOF's main goals are to expand family planning awareness within the Egyptian population and to make specific types of contraceptives available to people at prices they can afford. Their strategy has involved setting up a sales and distribution force that covers over three-quarters of the Egyptian pharmacies and supplying information on FOF products, the latest family planning methods available, and the products themselves. Medical representatives inform doctors on FOF products and offer training on IUD insertion for doctors requiring it. To create family planning awareness in the population at large, a rally system (public information meetings) has been set up, run primarily by student volunteers and led by doctors who are paid a small fee for lecturing at the rallies on specific forms of contraception. (See Appendix D for a more complete description of the rallies.)

FOF's headquarters are in Cairo, and most of the operation is centralized there, with branch offices in both the Western and Eastern Delta and in Upper Egypt. At the Cairo office, 14 managers report directly to the executive director. FOF's organizational structure has evolved from a small staff to a sophisticated system with product managers for each type of product.

FOF has received considerable technical assistance over the last 6 years from a variety of sources. The principal technical assistance contractor is the TRITON Corporation, a Washington-based firm. TRITON in turn has subcontracts with a number of other groups, including Needham Porter Novelli (for marketing research and advertising) and GENASYS (for management information systems), and with consultants from a variety of sources. After an unsuccessful first attempt, it was decided that FOF would not have a resident TRITON adviser. This situation probably forced FOF to operate more independently at an early date. Strong internal leadership also facilitated FOF's effective use of technical assistance and increased the autonomy of the organization. Both A.I.D. and FOF have been pleased overall with the quantity and quality of the technical assistance provided to FOF.

4. NATIONAL CONTROL OF DIARRHEAL DISEASES PROJECT

The National Control of Diarrheal Diseases Project (NCDDP) to educate the population about oral rehydration therapy and to deliver oral rehydration salts began in 1983, focusing primarily on the Alexandria Governorate. A national campaign was launched the following year. To date, over 30 centers have been set up in hospitals and university settings to provide rehydration training and services, and thousands of doctors and nurses have been trained all over Egypt. Oral rehydration salts can be found in virtually every pharmacy in Egypt. Recent surveys have shown that almost 95 percent of mothers are aware of oral rehydration salts and that 40 percent of mothers had used the product. Most important, vital statistics have shown that deaths from diarrhea in Egypt have decreased steadily during the last 2 years.

5. THE TRANSFER OF SOCIAL MARKETING TECHNOLOGY

5.1 Technology Transfer

Technology transfer is usually a two-way process, benefiting both the sender and the receiver of the technology.

Although much technology passes from developed countries to third-world countries, technology transfer also takes place within the sending and receiving setting. Technology transfer is a process and not an end in itself. With social marketing technology in Egypt, this process made a full circle--from foreign firms to FOF, then to other Egyptian organizations, and back again to foreign firms. Although A.I.D.-donated contraceptive products are a technology, they are not the focus of this investigation because contraceptives are not new to Egypt. Rather, the principal technologies on which the team focused were social marketing techniques.

Figure 1 traces the technology transfer process. The far left of the diagram shows the social marketing technology used to pass on the family planning message on the use of contraceptives to the end-users, who are shown on the far right side of the model. FOF is the central intermediary; out-of-country intermediaries are pictured above and in-country intermediaries below. The Egyptian Government's policies and regulations affect the entire process and are stated at the bottom. The support, regulations, and priorities of the donors also form part of the overall environment and are shown at the top. The doctors and pharmacists are placed between FOF and the end-users, because they are the intermediaries that provide contraceptive products and information to the end users. The arrows indicate that the transfer of technology was successful in both directions in nearly all cases.

FIGURE 1: The Technology Transfer Process--Family of the
Future (FOF) and Intermediaries

It is striking that the groups in Egypt to whom technologies were transferred through FOF were generally not those providing family planning services, (e.g., the Ministry of Health, the State Information Service, or the Egyptian Family Planning Association) but rather Egyptian advertising firms and research institutes, who adapted the new technologies new technologies for their own use. FOF training in IUD insertion did impart new skills to physicians, and FOF's information and education efforts for pharmacists did increase their knowledge base. However, it is significant that the agencies and organizations involved in delivering family planning services did not imitate FOF's approach or system. This situation may change now that FOF is part of the National Family Planning Project (NFPP) (under the National Population Council) and as FOF's executive director moves over to head the project that is responsible for all family planning services in Egypt.

Many technologies are transferred in a contraceptive social marketing program. The core technology is the contraceptive product, for example, an IUD. Also critical to the process are the supporting technologies, such as the training of physicians in IUD insertion; the manufacture and distribution of IUDs; and the methods and media used to spread information on the availability, safety, and effectiveness of the products. This complex set of factors is mapped out in Table 1. Social marketing is pictured in the center box as an ancillary/process technology.

Table 1. Technologies Involved in a
Contraceptive Social Marketing Program

Technology Form	Primary/ Core	Ancillary/ Supporting	Environmental Factors/Linkages
Product	<ul style="list-style-type: none"> - Contraceptive products - IUDs - Orals - Condoms - Foaming Tablets - Other 	<ul style="list-style-type: none"> - Training of physicians - Clinics - IUD Inserters 	<ul style="list-style-type: none"> - Availability - Regulation of manufacturing, importation, and pricing
Process	<ul style="list-style-type: none"> - Manufacturing - Utilization - Distribution/delivery 	<ul style="list-style-type: none"> - Social marketing - Marketing research - Advertising - Training 	<ul style="list-style-type: none"> - Regulation of distribution - Access to communication channels - Medical and pharmacy infrastructure
Knowledge	<ul style="list-style-type: none"> - Contraception delivery mechanisms 	<ul style="list-style-type: none"> - Family planning communication theory - Attitude/behavior change theory 	<ul style="list-style-type: none"> - Authorities' awareness of and commitment to contraceptive social marketing

5.2 Social Marketing

Social marketing is the use of marketing tools (marketing research, product development, pricing, distribution,

advertising, and promotion) to encourage socially beneficial behaviors by appealing to people's self-interest (Fox 1984).

This definition emphasizes the following three key ideas:

1. Social marketing is not essentially different from commercial marketing. Social marketing uses standard marketing tools and analytical techniques to encourage socially beneficial behaviors rather than to promote commercial products or services; only the market offer is different.
2. Social marketing is "social" in that it encourages behavioral changes that will benefit society as well as the individual.
3. Social marketing encourages people to change their behavior and adopt new behaviors by appealing to their self-interest, rather than by using coercion or by appealing to authority and tradition.

The successful transfer of social marketing technology can be assessed by the degree of the recipients' mastery of the essential marketing tools defined above and the extent to which these tools are used. The marketer develops a marketing plan that is based on marketing research and that includes the four elements of the marketing "mix": product, price, place (distribution), and promotion.

FOF has had very little control over two of these elements: products and price. Because all contraceptive commodities (with the exception of Depo Provera), have been donated by A.I.D., FOF has had no control over the product. FOF has also had little control over price because the Government sets maximum prices for contraceptive types. Thus both FOF's low-dose Norminest Fe (Syntex) and Schering's Nordette sell for 5 piasters per cycle. In short, FOF offers its products at the same price as other commercial brands, so it offers no price advantage to consumers. (This does not mean, however, that Norminest Fe is perceived as particularly expensive; an FOF pricing study determined that the price was acceptable to a wide range of consumers. It means, rather, that FOF's products do not offer purchasers a savings over other brands. However, it is doubtful that FOF can sell to the poorest individuals in Egypt.)

FOF has had control over place and promotion. FOF has made major strides in marketing research, advertising and promotion, distribution, organizational structure, management information systems, and other areas. The following paragraphs will describe how the technology transfer process occurred by examining each of the following marketing tools and the process by which each became institutionalized within FOF: (1) marketing research, (2) advertising and promotion, (3)

distribution, and (4) organizational structure and management training. (For a more detailed discussion of these topics, see Appendixes C-F.)

5.2.1 Marketing Research

Sound marketing research is essential for successful social marketing. Marketing research is the systematic design, collection, analysis, and reporting of data and findings relevant to a specific marketing situation or problem facing an organization (Kotler 1982). Many techniques used in marketing research are identical to those used in other social science research, although marketing researchers have developed some specialized data gathering methods and data analysis techniques (for example, to segment markets and to describe consumer choice behavior). Marketing research is the foundation for all stages of a social marketing program--planning, implementation, and evaluation--and guides all other components of the social marketing process--product design, pricing, communication, and distribution.

FOF has developed a good marketing research capability (for a detailed version of this three-staged process, see Appendix C). FOF also benefited greatly from the technical assistance provided by Needham Porter Novelli.

The gradual but successful integration of marketing research within the FOF social marketing effort was facilitated by several factors. First, FOF's executive director, who has 10 years of marketing experience in the U.S, has continually emphasized the importance of research in making marketing decisions. Second, sufficient funding was available from foreign donors to finance the needed research. When funds are limited, there is a high risk that research will be accorded a low priority. Third, technical assistance was effectively and continuously provided by a strong team of marketing research experts. The nonresident status of the technical assistance team gave FOF flexibility in training its own research team and independence in planning, designing, and implementing research, with only occasional guidance from the technical assistants. Fourth, Egypt already has an established social research infrastructure; marketing research, as a special type of social research, can be easily transferred to and adopted by the existing research institutes. Fifth, FOF's management style limits personnel turnover and encourages the continuity and competence necessary for effective technology transfer.

Within 4 years, FOF was able to successfully establish, integrate, and institutionalize marketing research within its contraceptive social marketing project. FOF was also successful in building its own internal research capabilities and in orienting some of the existing private research firms to

marketing research methods. However, it is doubtful that FOF has been successful in demonstrating to others in Egypt the need for research in decision-making processes.

Research in Egypt is seldom oriented toward clearly defined objectives based on the needs of Egyptian decision-makers. Therefore, decision-makers are not likely to use research findings to improve decision-making. This gap leads to the denigration of research and reinforces the belief among decision-makers that their knowledge of an issue is a sufficient basis for decision-making. Thus, decision-makers often consider funds directed to research as "wasted" funds. So while the transfer of marketing research technology to FOF was successful, there has been no significant spillover effect beyond FOF. The possible exception to this generalization is FOF's effect on advertising agencies and some private research firms. All the advertising agencies interviewed claimed to have learned a great deal about the importance of marketing research and plan to use the techniques learned from FOF in their future activities.

5.2.2 Advertising and Promotion

Advertising socially beneficial concepts and products was not new in Egypt at the time FOF began its social marketing activities. The Ministry of Health had organized an

immunization campaign, and the State Information Service had run a full-scale population and family planning awareness campaign, both of which received mixed reviews. FOF, however, is the first to carry out brand-specific advertising for contraceptives in Egypt. The obstacles were formidable--from rigid censorship to a population unaware of any need for the advertised product. (For a detailed description of the process and form of the advertising, see Appendix D.)

Creating an awareness among the population of the need for family planning was the first major task. FOF uses several approaches to this goal. FOF sponsors radio and television programs on health and family planning. FOF also sponsors newspaper and magazine columns reporting the latest population statistics and contraceptive information. FOF promotional health rallies have been very successful in reaching large numbers of people with the family planning message. Over 4,000 rallies, run by a complex system of doctors and volunteers were held in 1984.

Once a general awareness of the importance of family planning was raised among Egyptians, FOF brand-name advertising of its Family of the Future products. The first television spots for Tops condoms aired in September 1984. With the theme "Family Life is Sharing," the advertisements tried to overcome the widespread association of condoms with prostitution and

extramarital affairs by presenting condoms as a way for husbands to share responsibility for family planning. The Tops campaign (including advertisements on television, radio, billboards, and buses and in magazines and newspapers) reached over 60 percent of the population, encouraged discussion of family planning and Egypt's population situation, and made the Tops brand name synonymous with condoms.

Despite its success, the Tops television campaign was cancelled at the end of 1984. The campaign was the victim of relentless criticism by a popular newspaper columnist, which led the Minister of Information to stop the campaign. As of mid-1985 FOF had no television advertising for its products, but FOF continues to use other media and is preparing new television campaigns to be aired when the (presumably temporary) ban is lifted. Negotiations on this issue are in progress with the Ministry of Information.

Two major themes emerge from the advertising and promotion experience of FOF. The first concerns the technology transfer flows and spread effects, some of which were predictable, others a surprise. The second theme concerns the breaking down of barriers, both legal and social.

Technology Transfer Flows. Much technology passed from the technical assistance contractors, Needham Porter Novelli, to the

communications Department of FOF. The FOF Communications Department learned a great deal from Needham Porter Novelli, particularly on how to choose local advertising agencies and to evaluate their work. The FOF communications director has stated that things would have been very different without this help.

The technology transfer flows within Egypt were less predictable. FOF worked with several of the best advertising agencies in Egypt, including the subsidiary of a well-known international agency. One would have expected these advertising agencies to have contributed to FOF's technological knowledge. In fact, the reverse occurred--the advertising agencies learned significantly more from FOF than vice versa. FOF's use of marketing research at each stage of the media campaign was a relatively new technology in the Egyptian setting. Several account executives of the advertising agencies that worked with FOF said that they had learned a great deal from FOF about ways of conducting their own future campaigns.

There were two other interesting spread effects. First, Cairo University is using the FOF marketing scheme in its marketing courses, which will enable Egyptian marketing students to learn from the FOF experience. Second, several FOF personnel left the organization and formed their own private social marketing agency. They claim that prior to the formation of their agency, no such commercial service was available within

Egypt. Presumably, FOF will draw on the services of this new firm, and each organizations will benefit from the other's experience. This "splintering effect" is a typical mode of technology diffusion.

Breakdown of Barriers. Advertising contraceptives through such media as television, radio, newspapers, billboards, and bus notes had never been done before. Getting these advertisements through the censorship boards was a major accomplishment.

FOF was able to overcome the censorship barrier because its advertising specifically addressed a top Government concern--population growth--and because FOF's advertising of its oral contraceptive (Norminest Fe), while reaching end-users, was ostensibly directed toward physicians. (Television advertisement of contraceptives directed toward the medical profession are not prohibited.) FOF's main strategy for passing the censorship review board of the Ministry of Information consisted of preparing alternatives in advance. Instead of one condom advertising campaign idea, FOF had five ready. When the first was vetoed, the second was proposed. Flexibility, including the ability to alter its approach, enabled FOF to overcome the obstacles created by the censorship process.

In a predominantly Muslim and very conservative society, the advertisement of specific family planning methods raised

more than one eyebrow. A previously taboo subject was brought out in the open to become a topic of discussion in polite society. The ease with which the public received these messages and openly discussed their content surprised everyone. This important impact of FOF's contraceptive social marketing campaign will be felt in Egypt for years to come.

5.2.3 Distribution

In 1984 FOF distributed nearly 31 percent of all contraceptives distributed in Egypt. Marketing research and promotion are the foundation of FOF's social marketing effort, but the system for delivering contraceptives to the ultimate user is critical to contraceptive sales and to the impact on contraceptive prevalence in Egypt.

Initially, FOF tried contracting with a private distribution firm; then it contracted with the Nile Company, a Government-owned pharmaceutical distribution firm. Neither arrangement proved satisfactory because of commodity losses, inadequate or inaccurate data, delivery delays, and the requirement that pharmacies accept the contracting company's less popular products along with FOF commodities. In response to these problems, FOF established an internal distribution

system, including all points in the process--from receipt in Egypt of the A.I.D.-donated commodities to their delivery to pharmacies, doctors, hospitals, and clinics. With 25 medical representatives and 7 sales representatives, FOF distributes contraceptives to approximately 5,400 of the 6,000 pharmacies in Egypt and has plans for expansion. FOF also distributes products to doctors and hospitals. (For a detailed description of FOF's distribution system, see Appendix E.)

Given the apparent effectiveness of FOF's internal system and the less effective external options available in Egypt, FOF seems to have taken the most successful course by developing its own system. (It is interesting that the suggestions made by the technical assistance team on the distribution system proved unrealistic in the Egyptian setting.) The following factors have contributed to the effectiveness of the FOF distribution system:

- The first distribution manager had begun this career as a distributor, which gave him a sense of the market and continuous close contact with sales representatives in the field.

- FOF sales representatives have established personal relationships with and acquired the trust of many pharmacists through frequent visits, provision of

information, and organization of conferences for pharmacists.

- There has been little turnover among the sales representatives (one died and one was promoted).
- The sales system is flexible, with extended payment terms of 30-45 days available to pharmacists.
(However, the pharmacists must give post-dated checks to the sales representatives at the time of purchase.)
- A system of targets and incentives for sales and medical representatives has kept the staff motivated and the system vital. The advantages of the FOF system over other distribution systems are its control, efficiency, and flexibility as well as the acceptability of its products to users.
- The FOF director knows and understands the whole system--from marketing research through promotion to distribution--and can effectively coordinate the whole operation.

The FOF distribution system is not perfect, however. A small survey of pharmacies in Cairo revealed that some pharmacists preferred some aspects of other distribution

systems--for example, those used by cosmetics firms--to those of FOF's system. These included the option to phone in orders, better payment terms, and more consistent followup.

5.2.4 Organizational Structure and Management Training

While marketing research, advertising and promotion, and distribution (along with pricing and product development) are essential components of social marketing, other technologies play an important role in an organization's marketing effectiveness. FOF's experience in designing organizational structures, internal and external training, and marketing information systems may be just as important in explaining its success as its more visible and tangible marketing activities. (See Appendix F for more detail).

The Evolution of FOF's Organizational Structure. The marketing activities an organization often receive more attention than the way an organization is structured to carry out those activities, yet both are important. An appropriate marketing structure facilitates organizational performance.

In its first 6 years of operation, FOF moved through four organizational structures and settled into a fifth--not uncommon

in new companies experiencing rapid growth. These changes, however, are unusual in contraceptive social marketing programs, which tend to start and stay with bureaucratic organizational structures, a tendency that can impede marketing effectiveness. FOF's five stages were as follows:

Stage 1: Startup (1979). FOF's personnel consisted of an executive director, a secretary, an administration manager, two medical representatives, and a medical promotions manager. Each wore several hats, and staff worked together to cover needs as they arose.

Stage 2: Departmental structure (1980). FOF had of seven departments, each headed by a manager reporting to the executive director. The distribution and sales functions were clearly central, supported by the other five departments.

Stage 3: Functional structure (1982). FOF's staff was organized around functions, with each functional area headed by a manager reporting to the executive director. Marketing research and advertising became separate functional areas; other managers headed areas involving volunteers, medical promotion, public relations, and distribution.

Stage 4: Regional structure (late 1982). At the suggestion of a consultant, FOF implemented a regional organizational structure to match its expansion to other areas in Egypt. The marketing research, advertising, and public relations functions continued to report to the executive director. A regional manager was placed in charge of marketing for each of FOF's three regions of Egypt; each region was subdivided into three areas, staffed by managers responsible for medical representatives, volunteers, and distribution. This structure proved unsatisfactory, because of the need for regional managers to return frequently to FOF headquarters to coordinate their work.

Stage 5: Product management system (1984).

Dissatisfaction with the regional structure and discussions with Needham Porter Novelli led to the adoption of the product management system, the system used by several of the most successful consumer product companies in the United States. Three former medical representatives now have overall coordinating responsibility for a "family" of related products--one for barrier products, one for hormonal products, and one for IUDs. Reporting to the executive director, the representatives develop marketing plans for each of their products and coordinate

the necessary resources--marketing research, advertising, medical promotions, and so on--to support them. This system has been very successful.

In August 1985 FOF added a director of marketing to direct the work of the three product managers. The director of marketing reports to the executive director and is expected to replace him when he moves to a full-time position with the newly formed National Population Council. This transfer of power will be watched very carefully by all concerned. The performance of the first executive director will be a hard act to follow.

Staff Training and Development. FOF has grown from 1 to 150 employees in 6 years and has experienced little employee turnover. FOF hires well-qualified people and encourages them to take initiative and responsibility. Salaries are good compared with those for public sector jobs. These factors, together with the inability of Egypt's economy to absorb the country's large number of university graduates, mean that FOF can hire from a large, well-educated group. Many FOF managers and all of its medical representatives have degrees in pharmacy or veterinary medicine, fields that require a high level of training but in which jobs are scarce.

Having hired qualified people, FOF provides intensive entry-level training. For example, newly hired medical representatives go through a thorough training program that includes (1) instruction in reproductive anatomy and family-planning methods; (2) instruction on all FOF products and competitors', on FOF as an organization, on salesmanship, and on proper handling of the necessary paperwork; and (3) extensive practical training, including observation of experienced representatives, role playing, and field experience.

Volunteers who arrange the promotional rallies (typically university students interested in medical or social service careers) go through a 40-hour training program covering the goals of FOF, reproductive physiology, methods of family planning, Islamic religious beliefs related to family planning, communication skills, and the specifics of organizing rallies; training is followed by working with an experienced volunteer.

FOF's staff training programs appear well designed and well implemented, reflecting sound pedagogical and training principles. The expertise applied in these programs comes from several sources. For example, the manager of medical representatives spent 7 years as a medical representative at Wyeth and transferred much of what he learned there to FOF. Sadat Academy, an Egyptian institution, provides tailor-made management and marketing programs, building on their two decades

of executive/management development experience. Sadat Academy's faculty includes many Egyptians with U.S. and European Ph.D.'s in business; Sadat Academy's faculty development and course design also benefited from its association with the Harvard Business School. Finally, the TRITON Corporation has brokered training from Needham Porter Novelli, GENASYS, and other American firms to serve FOF's evolving technical assistance needs.

Training of Physicians and Pharmacists. FOF has played an important role in training physicians in IUD insertion and in informing pharmacists about family planning techniques and products. Regular visits from medical representatives, FOF-run training programs in IUD insertion for physicians, FOF informational publications, and FOF-sponsored conferences for physicians and pharmacists have all diffused new information to the Egyptian medical community.

The Development of FOF's Management Information System (MIS) Capability. The desire for better record-keeping and information-processing systems originated with the executive director's secretary, a university-educated woman with banking experience who acquired broad experience while working at FOF during the organization's early years. She is now the manager of the information and computer department. By 1983, FOF sales had increased substantially and paper-and-pencil record-keeping

systems were no longer adequate. TRITON arranged for a computer training program for the MIS manager and brought in GENASYS, a U.S. company, to develop a computer system for FOF. The MIS manager selected the micro computer equipment; TRITON and GENASYS were the technology brokers, dealing with the manager who served as FOF's technology gatekeeper in this instance. FOF now uses its three microcomputers for accounting, commodity tracking, and inventory management; for keeping customer and employee records and records on medical representatives, sales visits, and targets; and for setting up and tracking rallies, including audience evaluations.

The MIS function is now solidly in place. FOF "owns" the system: it knows how to use it and how to train data-entry staff to maintain its day-to-day functioning. That the function was in place before the system was automated underscores the significance of the manager's initiative; the computerized MIS was not "tacked on." Moreover, the department continues to enhance its MIS capability by drawing on GENASYS assistance to refine and update its systems.

Technology transfer is not entirely without anxiety and fear. Despite the MIS manager's enthusiasm and the executive director's support, several people at FOF feared that computers would replace them. The executive director held several

meetings to reassured employees; this and the fact that FOF has not fired anyone since computerization has finally eased employee anxiety.

6. FINDINGS

6.1 Technology Transfer

Several factors influenced the pattern and process of technology transfer, some positively and others negatively: (1) Egyptian and U.S. Government policy and regulations, (2) existing infrastructure, (3) intermediary organizations and individuals, and (4) financial resources.

6.1.1 Government Policy and Regulations

Egyptian Government. Several opportunities for technology transfer within Egypt were circumscribed by Government policy and regulations. For example, FOF's distribution system relies on sales people or detailmen. The Government's own distribution system could not copy this approach because Government salary levels are not high enough to compensate detailmen.

Government policy does not allow brand name advertising of drugs on television. Through indirect advertising, and much negotiating, FOF was able, for awhile, to advertise the oral contraceptive Norminest Fe on television. but other companies were not able to apply FOF's advertising techniques, so there has been no real transfer of this technology within Egypt. A private drug firm that wanted to advertise its oral contraceptive on television was not able to surmount the regulatory obstacles, and a Government-owned manufacturing company wanting to advertise on television does not have the capacity to produce sufficient quantities of oral contraceptives to warrant advertising on television.

U.S. Government. A.I.D.'s interest in the use of social marketing to expand the availability and use of contraceptives clearly contributed to the success of FOF and the necessary technology transfer. Without A.I.D.'s financial resources, FOF would probably have been unable to secure the assistance of firms like Needham Porter Novelli.

6.1.2 Institutional Structure

At the time of FOF's formation, an infrastructure of research institutes and advertising agencies already existed in

Egypt. However, the research institutes did not perform marketing research, and the advertising firms did not understand the need for such research. Because FOF needed to base its advertising campaigns on marketing research, the advertising firms used by FOF acquired any understanding of the use of marketing research and the research, institutes developed the capacity to carry such research out. This transfer of technology was facilitated because of the interest of private firms in increasing their business and improving their profits; thus the firms were eager to pick up new ideas and skills through their association with FOF.

FOF was the catalyst in this process of technology transfer, but the technical know-how was provided by the U.S.-based marketing firm of Needham Porter Novelli. However, the technology flow moved in both directions: Needham Porter Novelli also learned new skills and technologies from its work with Egyptian firms, which the company will undoubtedly use in campaigns in other countries. Although the transfer of technology to Egyptian advertising firms and research organizations and to Needham Porter Novelli is valuable, this technology transfer was a by-product of A.I.D. support for FOF and not A.I.D.'s objective, which is to expand the availability and acceptability of contraception in Egypt.

As mentioned previously, the element of the existing government and quasi-governmental family planning distribution system in Egypt did not attempt or were unable to copy FOF's approach. FOF developed its own distribution system after brief, unsuccessful contracts with a private firm and a Government-owned distribution company. However, FOF developed its own system with little technology transfer from the outside.

The network of pharmacists and physicians used by FOF did benefit from the training, information, and education provided by FOF. Visits from FOF medical representatives, FOF training in IUD insertion, medical information publications, and FOF-sponsored conferences for pharmacists and physicians all have imparted new skills and information (i.e., transferred technology) within the Egyptian medical community.

6.1.3 Intermediary Organizations and Individuals

Many intermediary organizations were involved in the process of technology transfer surrounding the social marketing project. After A.I.D. took over the project, TRITON, a U.S.-based consulting firm, provided FOF with nonresistant technical assistance in management and arranged for FOF to

receive the services of specialist firms such as Needham Porter Novelli and GENASYS. FOF used both Sadat Academy in Egypt and George Washington University in the United States for management training for its staff.

The role of the executive director, who was trained and had acquired experience in marketing in the United States, was particularly critical to the process of technology transfer. He was able to impart many concepts and skills directly to his staff. His background helped him to identify and understand FOF's needs and enabled him to choose the most appropriate technical resources. The FOF board of directors lent influence, credibility, and motivation to the project, but participated little in the process of technology transfer.

6.1.4 Financial Resources

Without the financial resources made available by A.I.D., FOF would not have been able to avail itself of the technologies that it needed. For example, without adequate financial resources, transfer of marketing research skills and plans for media campaigns would not have been possible. At the outset, A.I.D. financing was necessary to bring in the needed skills. As FOF attempts to move toward self-sufficiency, the

organization will probably want to have the skills and technologies it needs available locally. This may mean further transfer and consolidation of skills by FOF and other Egyptian organizations.

6.2 Social Marketing of Contraceptives

Factors affecting the establishment, structure, and effectiveness of social marketing programs are: (1) demand for and attitude toward the product or concept to be marketed, (2) government policy and regulations, (3) existing infrastructure for marketing and distribution, (4) involvement of influential and committed individuals, (5) the product line, and (6) the level of financial and technical resources.

6.2.1 Demand for the Product or Concept

The type of product or concept being marketed underlies the development of any social marketing effort. (Social marketing programs do not always involve a product; the Egyptian contraceptive social marketing effort involves both products to be sold and new behavior to be adopted.) Although neither the

concept (family planning) nor the technology (contraceptives) involved in the FOF social marketing effort is new to Egypt, family planning is not widely practiced there, particularly in rural areas.

The acceptability and practice of family planning are subject to political, religious, social, and economic change. For example, increased religious conservatism in some countries has led to a backlash against family planning efforts and has lowered the commitment of some governments to the effort. At the family level, husbands or in-laws sometimes show resistance to family planning. Physicians can oppose family planning on ideological rather than medical grounds. Contraception does not produce immediate physical benefits and in some cases may produce temporary but noticeable side effects.

In countries where the concept to be marketed is controversial and demand for its related product is relatively low--as it is for contraception in Egypt--a social marketing project faces obstacles that may not be present in other marketing projects. FOF overcame such obstacles by recruiting a highly respected board of directors, by carefully marketing research and pretesting advertisements, and by starting the campaign in urban areas where demand for contraception was greatest. The effect of the type of product and concept on how

a program is implemented is discussed in Section 7, which compares the FOF program with the oral rehydration therapy social marketing program in Egypt.

6.2.2 U.S. and Egyptian Government Policy and Regulations

The policy environment surrounding a social marketing system can facilitate or hinder the success of a project; in some cases, it can even determine whether the project can be established. The Egyptian Government's commitment to slowing the population growth has created a positive environment for achieving the goals of FOF, despite the specific regulations hampering the organization's progress.

Several of regulations and policies, however, have limited FOF's flexibility and options. For example, FOF must market its contraceptives within the constraints of Government-established price ceilings for contraceptives, prohibition of brand-name advertising of drugs, and the requirement that all private nonprofit organizations be registered under the Ministry of Social Affairs.

Marketing research indicates that the demand for contraceptives is not very sensitive to price. However, to get

permission from the Government to increase prices, arguments must be based on cost rather than on what the market will bear. FOF overcame the prohibition of brand-name advertising of drugs, although with some difficulty. Egyptian Government policy has considerably limited the latitude of the private sector, although the current "open door" policy is providing increasing flexibility for private firms. Government regulations require that the Ministry approve and sign off on all external aid to private organizations.

An example of a government action that positively affected FOF's social marketing system was the Government's waiver of the usual 20-percent import duty on contraceptives. This waiver has facilitated FOF's access to commercial supplies. FOF currently purchases one brand of IUD, the Copper-7, which is not supplied by A.I.D.: a 20-percent import duty would add considerably to its cost. The effect of this waiver will be even greater in the future should A.I.D.'s donation of commodities end and FOF be required to purchase them abroad.

Despite Government policies and regulations circumscribing the activities of the private sector and the marketing and sale of contraceptives, FOF has been able to establish a successful program. Also, having surmounted these obstacles, the success of FOF's approach now seems to be contributing to changes in the Government's policy and program for distributing contraceptives through other channels within the country.

U.S. policy on requiring the procurement of U.S.-manufactured products (in this case, contraceptives) has the potential to adversely affect this social marketing effort. Because FOF's marketing strategy depends on brand-name advertising, a continued supply of the same brands of contraceptives is important. For example, FOF had advertised and distributed Amaan foaming tablets; they are now being replaced by an American-made foaming tablet called Flower. This switch will entail a costly new advertising campaign for the organization and considerable confusion for consumers. Similarly, should A.I.D. stop supplying of the oral contraceptive Norminest Fe, or change brands, further confusion and expense would result.

6.2.3 Infrastructure

Although the infrastructure for contraceptive delivery existed in Egypt prior to the establishment of the social marketing project, neither the Government system nor the quasi-governmental family planning association was deemed suitable for contraceptive marketing.

Although it may be preferable to use an existing company or organization to implement a social marketing project, Egypt

lacked an appropriate organization for this purpose. The obstacles faced in marketing contraceptives and the low level of contraceptive prevalence achieved through the existing distribution system indicated a need to establish a new organization to implement the social marketing project. FOF was set up by IPPF as a subproject of the Cairo branch of the Egyptian Family Planning Association (EFPA); however, it was soon incorporated as an independent private association outside of the Family Planning Association and registered, as required by law, with the Ministry of Social Affairs.

The most important infrastructure for retail sales --outlets--did exist in Egypt. A nationwide network of pharmacies and a high ratio of doctors to population provided a ready network of outlets through which FOF could market contraceptives. Without this network FOF would not have been able to operate.

Research institutes and advertising firms were also available in Egypt. Although neither carried out market research, the existence of such organizations and advertising firms provided an institutional structure that could be tapped in developing a market research capability.

6.2.4 Influential Individuals

As with any innovative program, the involvement of influential and committed individuals is critical. The FOF board of directors was composed of well-respected members--mostly from the medical profession--who gave credibility to the contraceptive social marketing project. They conferred respectability on the project and prevented it from being perceived as an insensitive attempt to make money from the sale of contraceptives. Board members were also extremely important in overcoming obstacles stemming from Government policies and regulations.

FOF started with strong and savvy marketing leadership from its executive director, whose education and experience had prepared him well for directing a marketing organization. In contrast, many contraceptive social marketing projects begin with strong ties to government agencies, with an attendant bureaucratic rather than entrepreneurial outlook that may hamper marketing effectiveness.

6.2.5 Product Line

Because no single method is suitable for all individuals, a family planning product line should not be limited to one type of contraceptive. Most commonly, contraceptive social marketing projects include oral pills, condoms, and foaming tablets. Only in Egypt and Mexico have IUDs been sold through social marketing projects. However, in Egypt questions have been raised about the inclusion of the IUD in the social marketing project because the IUD requires medical insertion and thus entails a different distribution system. Given that the marketing of contraceptives assumes provision of more than one product and given the high proportion of doctors to population, it seems reasonable to have included IUDs and the physician network in the program.

FOF is considering marketing to doctors certain noncontraceptive but related product lines, such as pregnancy testing kits and surgical gloves. These additions would somewhat complicate the product line, but they may be necessary as an additional source of revenue for FOF.

6.2.6 Level of Financial and Technical Resources

When FOF was first established with support from IPPF, both the level of financial support and the amount of commodities needed were underestimated. In less than 2 years, the project had grown too large for IPPF, and A.I.D. arranged first to supply commodities and then to take over financial support of the project.

Adequate financial support of a social marketing project from the outset is very important. Without A.I.D.'s support there would have been inadequate resources for marketing research, which is often given low priority when funds are scarce. To attract qualified individuals, salary scales must be competitive with the private sector. Although advertising costs may be high initially, they are critical for developing sales. Inevitably, some individuals and agencies in the public sector resent the large amount of financial and technical support that A.I.D. provides to FOF. However, without this level of support, the organization would not have been able to reach its present stature.

Technical assistance made possible through A.I.D. was described earlier in this report. A nonresident consulting firm provided technical assistance to the contraceptive marketing

project by bringing to the country specialists in advertising and marketing research and by providing ongoing assistance with management, computerized information systems, and expenditure reporting for A.I.D. The nonresident status of the technical assistance component provided maximum flexibility and independence for FOF, while allowing it access to a wide range of assistance.

FOF has also benefited from the large pool of well-educated people in Egypt. University education is free to those who meet admission standards, and students have wide latitude in choosing field of study. There are more university-trained students in Egypt than there are appropriate jobs, and private sector salaries are not very high, while Government salaries are even lower. Thus, FOF has been able to attract and retain well-qualified employees at reasonable salaries.

In summary, FOF's success in social marketing has benefited from strong leadership, adequate financial and technical resources, a positive Government attitude toward family planning, and an existing infrastructure for the sale of contraceptives and for research.

6.3 The Future

The FOF-pioneered approach to contraceptive social marketing has received wide recognition in Egypt and internationally. The executive director of FOF has stated his intention of achieving self-sufficiency for the organization (except in commodities) within 3 years. At the same time, the probability looks good for of expanding FOF's activities or its approach to other family planning delivery systems in Egypt. The FOF director has taken a position with the new National Population Council, which will oversee all family planning/population activities in Egypt. The expansion of FOF's approach could be done either by expanding FOF's distribution system to cover all contraceptive distribution in Egypt or by transferring FOF's approach to other agencies.

7. COUNTERPOINT: THE CASE OF ORAL REHYDRATION THERAPY IN EGYPT

Family planning is the first, but not the only, instance of A.I.D. support for social marketing programs in Egypt. Egypt's National Control of Diarrheal Diseases Project (NCDDP) is a major Ministry of Health/USAID Mission project to reduce child

mortality by developing mass awareness of the signs of diarrheal dehydration and its treatment--the use of oral rehydration salts. This public information program is accompanied by the wide availability of oral rehydration salts packets at pharmacies and clinics throughout the country. The results of the first 2 years of the program are impressive: mothers' awareness of the symptoms of dehydration rose from 32 percent to over 90 percent, knowledge of oral rehydration therapy increased from 1.5 percent to 94 percent, and the use of oral rehydration salts increased from 1 percent to 50 percent. (See Appendix I for a more detailed discussion of the differences and similarities between contraceptive social marketing and oral rehydration therapy social marketing in Egypt.)

The distinct experiences of the two social marketing programs suggests two questions that ought to be explored:

1. What factors account for the rapid adoption of oral rehydration therapy, in contrast to the slow acceptance of contraception?
2. What are the differences in the implementation of social marketing by FOF for family planning and by NCDDP for oral rehydration therapy?

These questions are addressed in the following sections.

7.1 Characteristics Influencing the Adoption Rate of an Innovation

The rate at which a new product, idea, or practice gains acceptance is influenced by five basic characteristics of the innovation: its relative advantage, compatibility, complexity, "trialability", and observability (Rogers and Shoemaker 1971). Comparing oral rehydration salts and contraceptive based on these five characteristics explains much of the difference in the rate of adoption of each product.

1. Relative advantage refers to the degree to which an innovation is superior to preceding products or practices. oral rehydration therapy represents a clear advantage over other treatments for diarrheal dehydration. In fact, alternative treatments are ineffective, hazardous, or expensive. Furthermore, oral rehydration therapy presents no disadvantages whatsoever. In contrast, contraceptives were available in Egypt before the FOF project, and those promoted by FOF have no obvious advantage over the contraceptives distributed through other sources. FOF has aimed to increase public awareness of the advantages of child-spacing and smaller families, but the relative advantages of these benefits are more difficult to communicate and promote than the immediate saving of a child's life.

2. Compatibility refers to the degree to which an innovation is consistent with the cultural values and experiences of the adapters. Oral rehydration therapy, as a simple home treatment that prevents death has a clear place in Egyptian values; despite Government support for family planning, family planning and the use of contraceptive products are more problematic in a Moslem culture with its ambiguous religious teachings on family planning.

3. Complexity refers to the degree of difficulty in understanding and using an innovation. Recognizing diarrheal dehydration and obtaining, mixing, and administering oral rehydration salts are simple activities, whereas the correct use of many family planning products is rather complex, because of the fear of potential side-effects and because of mistakes in product use by people with little formal education. FOF has tried to reduce complexity by providing pictorial instructions for using oral contraceptives and by presenting informational programs on family planning methods.

4. "Trialability" refers to the degree to which a new product or practice may be sampled on a limited basis. Oral rehydration salts are simple and harmless--a product that mothers and other caregivers can mix, taste, and then easily administer to children. Although contraceptive products can be

sampled, only consistent, correct use will reduce the incidence of pregnancy. IUDs are more difficult to "sample" because they must be inserted and removed by a physician.

Observability refers to the degree to which the performance or effects of an innovation are visible to potential adapters. The administration of oral rehydration salts to a moderately dehydrated baby provides seemingly miraculous, clearly observable results within a few hours. (NCDDP in Cairo has prepared a series of photographs of a dehydrated baby receiving oral rehydration salts and becoming fully rehydrated in a matter of hours.) Contraceptive use, however, does not result in immediate observable effects and certainly not after one use. The effects are cumulative and are measured by the absence of pregnancy.

To summarize, the two types of products being marketed differ on all five of the characteristics listed; in their rates of adoption by the populace and the methods used to encourage their use also differ. The different marketing approaches are discussed in the following section.

7.2 Differences in the Marketing of Oral Rehydration Therapy and FOF's Contraceptive Products

It is a truism of marketing that the nature of the product, the intended target market, and the competition must all be taken into account in planning the marketing mix, that is, the combination of product features, promotion, pricing, and distribution channels used to make the product attractive and accessible to the target market. Although oral rehydration salts and contraceptives can both be considered health-related products, their similarities and differences have affected the marketing mixes developed for each.

The similarities of these two projects include their target market: mothers and other family members involved with the care of children. Oral rehydration salts and contraceptive products are widely available at modest prices (or free) at pharmacies and Government clinics, thus people's access to the products is apparently not substantially limited by the availability of the product or by people's ability to pay. The projects share a similar reliance on extensive use of commercial mass media advertising to create awareness among the people and to motivate them to purchase and use the products. Oral rehydration salts are advertised several times a day on Egypt's nationwide television system. Although FOF's television advertising was

stopped in December 1984 because of controversy (see Appendix D), radio and billboard advertising are used to support some FOF products. Thus the oral rehydration salts and contraceptive projects are similar in their target market, price policies, outlets, and use of commercial mass media.

The differences between the two project categories (detailed in Section 7.1 and Appendix I), explain the differences in the level of their acceptance among the population. The projects also differ in their locus of authority, funding, organizational structure, and distribution system. For example, the National Control of Diarrheal Diseases Project (NCDDP) is a semiautonomous agency under the Ministry of Health. FOF is a private organization, with its own board of directors, and operates under the Ministry of Social Affairs.

Both NCDDP and FOF receive A.I.D.-donated products. Funding for NCDDP comes from USAID/Cairo (US\$26 million) and from the Egyptian Government (US\$18 million). The project is headed by a full-time American staff--two during the first year, four in 1985, and four short-term consultants. FOF's funding comes primarily from USAID/Cairo, with additional support from other donors. FOF has had the same, Egyptian executive director during its years of operation and (except for a few months) has always operated without full-time, on-site technical assistance. FOF has a marketing-oriented organizational

structure and a large staff that handles the product distribution and marketing. In contrast, NCDDP operates as a Government project, uses private pharmacies, physicians, and Government clinics and subsidizes these distribution agents rather than developing its own distribution system.

8. CONCLUSIONS AND LESSONS LEARNED

8.1 Technology Transfer

1. Technology transfer is a two-way process involving interactions among several institutions.
2. Government policies and regulations can hamper technology transfer into and within a country.
3. The private sector is more receptive to the adoption of new technologies than is the public sector, particularly where the public sector is subject to regulations restricting its activities.
4. The receiving organization must be receptive to technology transfer. Such a receptive environment

requires competent and confident staff able to select and adapt the appropriate technologies to the organization's needs.

5. The role of individuals as gatekeepers and technology brokers is key in the transfer of technology.
6. There must be adequate financial resources to support technical assistance.
7. The technical assistance provided must be appropriate and responsive to the needs of the recipient, but the organizations providing the assistance should also maintain enough distance to allow the organization to develop its own autonomy.

8.2 Social Marketing

1. There must be a network of retail outlets through which the commodities can be sold.
2. Although the use of an existing organization may be preferable, it is possible to set up a new organization to implement a social marketing effort, provided a network of outlets already exists.

3. The acceptability of and demand for the product/concept determines (1) the level and nature of the effort needed to sell the product and (2) the rate and extent of adoption.
4. Although private organizations are more flexible and commercially oriented, social marketing of a product can be implemented by a government agency, given a product like oral rehydration salts, commitment and motivation within the government, and an appropriate infrastructure for distribution.
5. Social marketing depends on a continuous supply of the same brands because marketing entails brand advertising and consumer loyalty.
6. Government policies and regulations on distribution, advertising, importation, manufacturing, registration, and licensing of the product affect the establishment and implementation of a social marketing scheme.
7. Strong executive leadership with training and experience in marketing is essential to the success of the effort. A highly respected and committed board of directors is critical to the success of a new social marketing program.
8. Marketing research is a prerequisite for advertising campaigns.

APPENDIX A
METHODOLOGY

The report on the Family of the Future (FOF) contraceptive social marketing project is based on visits and interviews with many individuals in the United States and in Egypt. Before departure for Egypt in mid-July 1985, the evaluation team interviewed Washington, D.C.-based technical assistance personnel from TRITON Corporation and Needham Porter Novelli, who were working with FOF. The evaluation team assembled in Cairo on July 14 and spent 3 weeks conducting extensive interviews with FOF's administrative staff; Egyptian advertising, research, and consulting firms that had worked with FOF; Egyptian training and education specialists; pharmaceutical distributors, commercial pharmaceutical companies and pharmacists; consultants from TRITON who were in Egypt during the evaluation team's research trip; Egyptian Government officials involved with family planning, including the director of Egypt's new National Population Council; USAID/Cairo population and health officers; the administrators of the National Control of Diarrheal Diseases Project (NCDDP); and others.

To facilitate an understanding of the factors involved in the transfer of social marketing technology, each of the four team members took primary responsibility for one aspect of

social marketing technology and assisted with others. Most interviews were conducted in English. The one Egyptian team member conducted some interviews in Arabic; and in other instances, she translated for other team members.

Two team members visited the Alexandria office of FOF and interviewed administrative and sales staff. Two members attended an FOF rally held in a village outside Cairo to observe the organization and implementation of FOF rallies. To gain some perspective on pharmacists' perceptions of FOF's distribution system, a small-scale survey was carried out in the Cairo area. A trained Egyptian research assistant, from the Egyptian social research firm Social Planning, Analysis and Administration (SPAAC), was hired to conduct the interviews, under the supervision of team member Sarah Loza, President of SPAAC. The results of this survey are presented in Appendix E. One team member visited an FOF clinic near FOF's Cairo headquarters. Data on activities, distribution, sales, and impacts were obtained from both FOF and NCDDP and are presented and discussed in the appendixes that follow.

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APPENDIX B

TIME LINE: FAMILY OF THE FUTURE'S CONTRACEPTIVE SOCIAL MARKETING IN EGYPT

Year	1979	1980	1981	1982	1983	1984	1985
Funding	<u>IPPF</u>	<u>A.I.D.</u>					
Organization/ Staffing	Director and 4 Staff			Media Plan	Product Manager System	MIS in Place	Director and 149 Staff
Product Launch	Condom	IUDs	Foaming Tablets		Norminest Fe Oral Pills		Surgical Gloves?
Distribu- tion (regional offices)	Greater Cairo Only		Western Delta (Alexandria)	Eastern Delta (Zagazig)		Upper Egypt (Asyut)	
Technical Assistance	TRITON Corporation		Needham Porter Novelli	GENASYS		SOMARC	

APPENDIX C
MARKETING RESEARCH

1. INTRODUCTION

Marketing research is the foundation for sound marketing and thus is a crucial component of social marketing technology. Research provides information on the markets and product end-users that is needed in planning, implementing, monitoring, and evaluating the social marketing program and/or campaigns. Hence marketing research is a "tool" for use in making better marketing decisions.

Egypt already has several universities and research institutions (both private and public) that conduct and provide training in social research activities; considerable research on population and family planning has been carried out. However, marketing research is a specialized type of research designed to aid decision-making in marketing. Marketing research findings guide decisions on the elements of the marketing mix: product design or selection, pricing, advertising and communications, and distribution.

TRITON Corporation subcontracted with Needham Porter Novelli, an American social marketing firm, to provide technical assistance to Family of the Future (FOF). The two technical assistance firms became technology transfer brokers for the

project, transferring to FOF the knowledge and skills developed in the United States in the field of marketing research. The FOF marketing research team was the recipient of the technical assistance, which enable the team to better support other components of the social marketing process by providing timely and reliable information needed for marketing decisions.

2. DEVELOPMENT OF MARKETING RESEARCH SKILLS IN FOF

From 1979 to the present, FOF marketing research activities passed through three stages: the embryonic stage, the transitional stage, and the current takeoff stage. These stages are shown in Table C-1.

2.1 First Stage

During FOF's first 2 years, research was carried out on an ad hoc basis, as part of communication and advertising activities. The design of the contraceptive social marketing project for greater Cairo was based on a feasibility study carried out by an Egypt private research firm. A few focus group sessions among male and female users and nonusers of

C-3

Table C-1. Stages in the Development of the
Marketing Branch Capability of FOF

contraceptives were conducted by Needham Porter Novelli with the aid of FOF staff from the Communication Strategy Group; and a quick survey of opinions of physicians--obstetricians, gynecologists, and general practitioners was conducted. During this stage, the FOF logo was developed (without testing), and three contraceptive products--"Amaan" foaming tablets, condoms, and Copper-T's--were introduced in the market without pretesting the name or packaging of these products.

During this stage there was neither a systematic data collection and analysis plan nor clear-cut marketing strategies for the products introduced. Instead, a general analysis of market and consumers led to the decisions to limit marketing operations to Cairo Governorate, to use the existing pharmacies and physicians as distribution outlets, and to select young low- and middle-income couples as consumer targets.

2.2 Transition Stage

Toward the end of 1981, and more than 2 years after the start of the project, FOF hired a research specialist with limited research experience. She had a B.A. in law and a master's degree in management. She had acquired on-the-job research experience and training at the Central Agency for

Organization and Administration and as a principal investigator for a study carried out for the Population and Family Planning Board. She received 6 weeks of training in management at CEFDPA in the United States and extensive technical assistance and 2 weeks of orientation from Needham Porter Novelli in Washington, D.C. on marketing research and the interrelationship between advertising and research in social marketing technology.

Qualitative methods for pretesting and testing messages, concepts, pricing, packaging, and users' instructions were introduced during this stage. The impact of rallies on contraceptive sales was evaluated; physicians and pharmacists were surveyed for knowledge, attitudes, opinions, and practices regarding contraceptives.

During this stage, which lasted almost 2 years, a marketing research staff was trained and developed at FOF. Relationships between expatriate technical assistants and local research staff were consolidated. Within the second year, the research department began to contract with local private research firms to carry out some of the research. The linkage between the advertising/promotion teams and the research teams was strengthened; the advertising/promotion teams requested the needed information, and the research teams provided the marketing feedback from the necessary sources, including consumers and/or intermediaries (physicians and pharmacists).

Currently the marketing research department has a full-time director (the research specialist), a part-time research consultant, two full-time research assistants, and a pool of about 50 part-time data collectors and research assistants, who were trained by the research department through previous research activities in quantitative and qualitative data collection techniques. Some have also been trained in data processing techniques. The department relies on this pool for FOF research activities, especially for surveys and intercept interviews.

A research consultant was hired at the beginning of 1984. He is a university staff member and has a Ph.D. in social psychology. Although he has experience and interest in family planning research, he had not previously carried out marketing research. He assists in defining the research problem, developing data collection tools, designing samples and analysis plans, and following up data processing and analysis. He works closely with contracted research firms to ensure that the research process and products meet FOF specifications.

FOF also added a microcomputer to assist in data analysis. The research consultant attended a training course in Al Ahram Computer Center. The director of the research department spent 2 weeks in Washington, D.C. with Needham Porter Novelli and was

introduced to software packages and other systems and techniques. Currently the computer is efficiently used in processing all collected data and has facilitated operations.

By the time FOF was ready to consider launching the low-dose contraceptive pill, Norminest Fe, the marketing research department had been sufficiently trained and developed to be fully integrated into all stages of the marketing process. All previous research was reviewed in planning the new product. The marketing plan was developed and tested systematically by setting marketing objectives; pretesting the price, names, packaging, and package instructions; testing the product concept; testing and selecting the product model; and developing communication objectives and strategy in testing advertisement messages for television, radio, press, and billboards. Marketing research was also used to monitor implementation, and modifications were recommended. For the first time since the inception of FOF, the marketing of a product moved systematically through the complete marketing cycle, relying heavily on data collection and analysis as the basis for marketing decisions.

This achievement is an indicates that marketing decision-makers felt the need for reliable information, that marketing research capabilities were sufficiently developed to respond to these needs, and that research findings were

effectively incorporated within the marketing decisions. The two-way linkages between decision-making and research had been successfully established within FOF.

3. ELEMENTS THAT LED TO THE SUCCESSFUL DEVELOPMENT AND
INTEGRATION OF MARKETING RESEARCH WITHIN FOF

The gradual but successful integration of marketing research within the Egyptian contraceptive social marketing program was promoted by several factors. First, the project director had had a long and successful career in marketing in the United States, which convinced him of the importance of marketing research for reliable marketing decisions. Second, financial resources were available in sufficient quantity from A.I.D. to support the needed research. Third, technical assistance was effectively and continuously provided by a strong team in marketing research, Needham Porter Novelli. The nonresident status of the technical assistance team enabled the FOF research team to work independently and thus to master the necessary skills in planning, designing, and implementing research, with occasional consultation from Needham Porter Novelli. Fourth, Egypt already had established social science research capabilities. Marketing research, a special type of social science research, was easily built on the existing

technology. Fifth, the FOF's management system limits turnover of personnel and encourages continuity and excellence in job performance, which are necessary for effective technology transfer.

4. CONCLUDING COMMENTS

Within a period of about 4 years, FOF was able to successfully establish, integrate, and institutionalize marketing research within its contraceptive social marketing project. It was also successful in building its own internal research capabilities and in introducing some of the existing private research firms to marketing research methods. However, it is still doubtful whether FOF has successfully demonstrated nationwide the need for research in decision-making processes. Research is seldom oriented toward clearly defined objectives based on the needs of decision-makers, and so decision-makers rarely use research findings for better decision-making. This gap leads decision-makers to denigrate the importance of research. Believing that they have all the information they need for proper decision-making, decision-makers argue against the allocation of funds for research activities. Thus, although the transfer of marketing research technology was successful within FOF, the technology has had no spill-over effect beyond FOF.

APPENDIX D

ADVERTISING AND PROMOTION

1. THE STATE INFORMATION SERVICE CAMPAIGN TO PROMOTE FAMILY PLANNING

Family of the Future (FOF) was not the first organization in Egypt to use advertisement to promote a socially beneficial concept or product. As early as 1968, water conservation advertisements appeared on television. Also, the Ministry of Health had launched an immunization campaign using spots on both radio and television. A more controversial campaign, however, was presented by the State Information Service (SIS) in 1980-1983. This campaign, designed to raise awareness among Egyptians of the problem of rapid population growth and to promote the concept of family planning, received mixed reviews for several reasons.

The SIS campaign began about the same time that Family of the Future (FOF) first received funding. In the late 1970s, the United States gave SIS a grant to promote family planning, and SIS launched the media campaign in 1980. The first campaign was centered on the theme "Look around you" and was designed to

raise general awareness of the problem of rapid population growth. The advertisements urged the Egyptian public to face the problem, which affects every phase of the Egyptian society including education, health services, and general quality of life. A second campaign introduced a family planning logo and offered a new slogan: "A small family equals a better life." The advertising appeared on television and radio and in newspapers and magazines. Various promotional materials were also produced, including keychains, pens, and pamphlets.

The technical director of the Population and Family Planning Division of SIS considers the campaign to have been an overall success and believes that the Egyptian public is now aware of the population problem. The current strategy is to decentralize the program and to emphasize specific messages within separate governorates as necessary.

The SIS campaign was not administered with much sensitivity and drew criticism from conservatives. Coordination with other Egyptian population organizations was poor; there was essentially no cooperation between SIS and FOF. The general public was probably unaware of any distinction between the FOF and SIS campaigns (which ran simultaneously) and probably assumed that all family planning advertisements came from a single source. A combination of bureaucracy and insecurity was responsible for the lack of cooperation between the two

organizations. (It is hoped, however, that the FOF director's new position as head of the the National Family Planning Project (NFPP) will somewhat remedy this unfortunate situation.)

2. RAISING THE PUBLIC'S AWARENESS

Given this context, FOF faced multiple challenges as the organization began developing its advertising strategy. Contraceptives had never been promoted on radio or television, and it is illegal to advertise drug products on television. Censorship issues have always been and will continue to be a major problem for FOF. Having overcome some of the first censorship hurdles (albeit temporarily), FOF still faced a target population that knew little about family planning and that was probably unconvinced of its merits. There were also many public misconceptions about the safety and efficacy of the various contraceptive methods. FOF's first goal, therefore, was to raise the public's awareness of family planning in general. This was accomplished in two ways: through family planning advertisements (not FOF-product specific) and through local rallies.

2.1 FOF Advertising for Family Planning

FOF sends its family planning message to the public in a variety of ways. FOF sponsors radio and television programs on health and family planning and newspaper and magazine columns reporting the latest population statistics and contraceptive information. A regular column appears in a prominent women's magazine featuring questions and answers on contraception. Another magazine contains one page weekly on medical information pertaining to maternal and child health. These methods are used to raise general public awareness regarding population and family planning.

2.2 Rallies

FOF promotional rallies, the second major awareness-raising tactic, was an innovation of the early FOF staff and is still in full operation today. These rallies, held in villages or at factories, bring together large numbers of people who are then given information on when and how to practice family planning. This promotional tactic has become increasingly popular: its scale has increased from a staff of three women who held rallies

in the morning and promoted FOF products to pharmacies in the afternoon, to a complex system of volunteers who held over 4,000 rallies in 1984.

The goal of these rallies is to introduce the concept of family planning and to convince people of the importance of family planning to their home, health, and family. Young volunteers (usually recent university graduates who have not yet found permanent jobs) go into a village and elicit the support of the local daya (the traditional birth attendant). With her support, the volunteer arranges a meeting site, locates a doctor to present the family planning lecture, and gathers the people at a designated time. The support of other local leaders is also encouraged.

The organization of such rallies is more complicated than it might first appear. Before arranging the rally, the volunteer must first make sure that all family planning methods are available in the local pharmacies and that there is a doctor who can correctly insert IUDs. The volunteer must also make sure that all local doctors are aware of the rally. The coordination of all the various departments in FOF is necessary to accomplish these goals.

Recruitment of volunteers is a complicated process. They must look respectable and be willing to work independently.

The target for each volunteer is to reach 10 villages every 3 months. Each volunteer must submit a plan for his or her area. The volunteers are paid transportation costs, and each receives extra incentives if targets are met. The majority of volunteers are young and enthusiastic; most are unmarried. While some may volunteer for the money, most have altruistic motives.

Volunteers are recruited by newspaper advertisements and are carefully interviewed and screened. Each receives a full week of training by FOF staff, including education in anatomy and family planning methods, an overview of FOF goals, interpersonal communication training, and lectures on the relationship of Islam to family planning. Each volunteer observes a rally and then submits an action plan. The volunteers are then sent to one of the four FOF regions to begin making arrangements for their own rallies.

The system for organizing the volunteer doctors, who actually present the family planning lectures, is different than that for the young rally organizers. The doctors usually maintain their own practices and participate in rallies on the side. They receive £E10 (about US\$7) for each lecture presented and are docked £E10 for each rally that they are scheduled for and miss. There is a push within FOF to encourage single-gender rallies in which the doctor presenting the lecture is also of the same sex. This is thought to encourage both attendance and

spontaneity. Doctors are also being encouraged to offer a medical examination to women at the rally who request it. In 1985, FOF had a staff of almost 500 young volunteers and nearly 200 doctors. They plan to change their tactics for rallies slightly in 1986, designing rallies that target key high-fertility groups.

3. THE MEDIA CAMPAIGN

Once the Egyptian population became generally aware of the importance of family planning, FOF decided to begin brand-name advertising of its products. These products were to be distributed in two ways: through pharmacies and by doctors. Thus two completely different campaigns for two very different audiences were required. The products being sold through pharmacies had to be advertised both to the people buying the products and to pharmacists. The product sold directly to doctors (mainly IUDs) required a much more technical campaign.

3.1 Products Sold in Pharmacies

The products sold in pharmacies include condoms (Tops), low-dose oral pills (Norminest Fe), and foaming tablets

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(Amaan). IUDs are also sold through pharmacies, although only with a doctor's prescription. The majority of IUDs distributed by FOF go to doctors who maintain their own stock. Because of the different target audiences for these products, different campaigns were needed and different advertising agencies were chosen to implement them.

3.1.1 Condoms

Marketing research for Tops showed that the average condom user was 35 years old and had 2.5 children. He had probably attended secondary or preparatory school and had been married about 9 years. The misconceptions or problems involved with condom use included the association of condoms with prostitution and the fear that condoms would break during usage.

The obstacles involved in mounting an advertising campaign for condoms were formidable. First, it had never been done before. Was a conservative Muslim society ready for such a campaign? Ready or not, FOF planned and launched the campaign, always conscious of the fact that the censors could end to the campaign at any moment. The arbitrary nature of the censorship has haunted this campaign from the beginning and continues to do so.

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A private Egyptian advertising agency, PYRAMID, won the account and began work in 1983. Because PYRAMID was affiliated with an influential public-sector newspaper (Al Ahram), it probably had more power than other private agencies to launch such a controversial campaign. PYRAMID spent about 6 months developing the strategy and another 6 months getting through the censorship process. The first commercials were aired in September 1984.

The censorship process was tedious. Advertisements could not mention that Tops were for men. Men and women could not appear together in the same frame with a box of condoms (see Figure D-1). Concern was expressed that advertising condoms on television would increase sexual activity and exacerbate the population problem. Finally, when all the necessary compromises had been made, the chief of television gave her approval and the campaigns moved ahead.

The focus of the condom advertisements was that both partners should share the responsibility for family planning. The major theme was "Family Life is Sharing." One television commercial centered on this theme showed a heavy basket loaded with bread. The next frame showed a female hand trying to pick up one side, but the basket was too heavy. A male hand then appeared on the other side of the screen, offering to help;

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حياة الأسرة مشاركة

هدفنا كل زوجين بناء أسرة مستقرة
وذلك يتحقق بالمشاركة في مسؤوليات الحياة
المشاركة في تنظيم أسرتك مسؤوليتك أنت أيضا
شارك زوجتك في تنظيم أسرتك باستخدام "تبس"

الأسهل والأفضل والأكثر

تبس

وسيلة كرجل للمشاركة
في تنظيم أسرته



متوفر في جميع الصيدليات
من أسرة المستقبل

Figure D-1

Original TOPS advertisement

٢٥٠

since it features hands of both sexes it
did not pass censorship

D-10

Figure D-1. Original Tops Advertisement^a

^aThe advertisement was censored because the hands of both a man and a woman are displayed in the same frame with the condoms. Note that the wedding band is prominently displayed.

then they lifted the basket together. The final frame showed a male hand holding a box of Tops (see Figure D-2). The voiceover went as follows:

Family life is sharing. Even a heavy load becomes lighter when it is carried by two. Share with her in planning your family. Tops--the easiest, the ideal, and the surest. Introduced to you from Family of the Future and available in all pharmacies. Tops, your method to share in family planning.

Public reaction was mostly favorable. Few people complained, and the majority seemed to accept advertisements for family planning. A few parents complained about the commercials appearing before 9:00 p.m., so they were moved to appear after 9:00. Jokes sprang up as a result of the campaign, bringing favorable publicity. The Egyptian people seemed more able to talk about family planning than before. The television spots reached the most people, although advertisements appeared in newspapers and on radio, billboards, and buses. An advertisement for Tops was placed on a billboard behind the goal at the main soccer stadium. PYRAMID estimated that 30 million people saw that advertisement every Friday. Tops has become the generic name for condoms in Egypt. (See Figures D-1, and D-2 for sample Tops advertisements.)

الأفضل قطعاً

لا يبحث منه أي خرد بلكرة
ولا يحتاج إلى استئذنة طبية
لذا فهو قطعاً أن يكلف سوى
لحمته.

الأكيد فعلاً

لهو غشاء مغطى رقيق جداً ..
ولوى ل نفس الوقت
مختبر بأحدث الأساليب الإلكترونية
ليكون فعال 7900

والأسهل جداً

ل حرقه استعمله

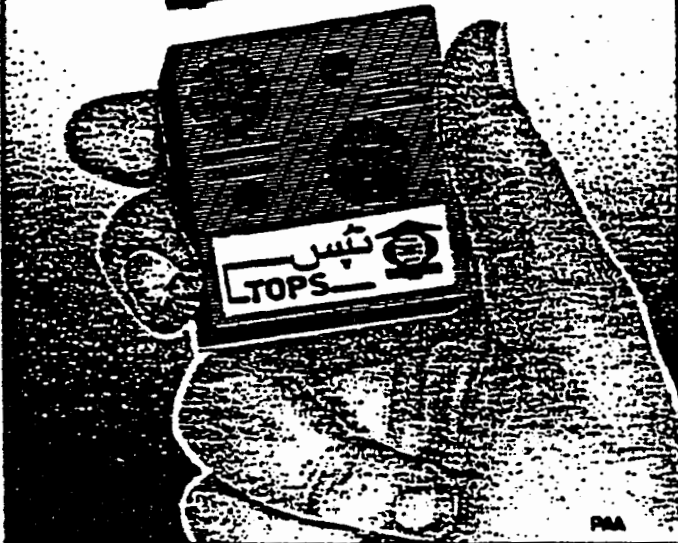
تيس

عازل طبي للرجال
لحظة ٢ قطع - ١٠ قروش
متوفر في جميع الصيدليات

تيس

وسيلة الرجل للمشاركة في تنظيم أسرته

من أسرة المستقبل



تيس، لحاف

FIGURE 2. Final TOPS advertisement.

D-12

Figure D-2. The TOPS Advertisement That Passed the
Censorship Board^a

^aOnly the hand of a man is pictured.

3.1.2 Products Targeted to Women

Products targeted to women demanded a different advertising strategy. It is illegal to advertise drug products on Egyptian television. An Alka Seltzer-like product had recently been rejected as unsuitable for television. Getting permission for an oral contraceptive advertisement on television seemed almost impossible. A two-pronged strategy, one focused on active, healthy women (reached through billboards and posters), the other geared toward doctors (aired on television), was finally chosen.

Oral Contraceptives: Norminest Fe. The low-dose pill marketed by FOF was introduced in January 1984. Active, healthy women were the target audience. Pharmacists were encouraged to screen women before selling them oral contraceptives. One of FOF's posters for pharmacies contained a set of questions that pharmacists were to ask the consumer concerning age, smoking habits, blood pressure, and so forth (see Figure D-3). (Unfortunately, few pharmacists are screening pill users, and FOF is currently considering possible incentive mechanisms to encourage more careful screening.)

Because of the prohibition of drug advertisements on television, FOF decided to target oral contraceptive (Norminest Fe) television commercials to doctors, which easily passed

Figure D-3. Questions on an FOF Poster To Screen Women
Before Providing Oral Contraceptives

THE ACTIVE, HEALTHY WOMEN TEST

Questions to ask a women before
providing oral contraceptives

How old are you?

Do you smoke?

- If a women over 35 smokes, she should not take the pill but should be encouraged to use another contraceptive method.

Have you ever had:

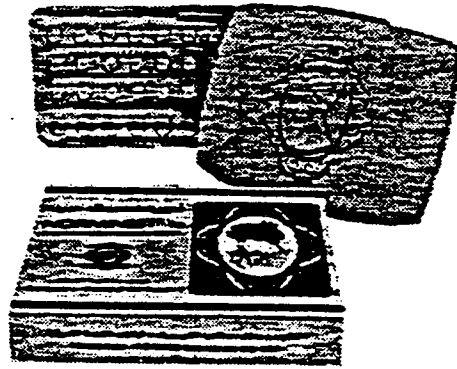
- jaundice or yellow eyes
- swelling or severe pain in the legs
- severe chest pains
- unusual shortness of breath after exertion
- severe headaches
- varicose veins in the legs
- high blood pressure

If the women answers "yes" to any of these questions she should not take the pill without seeing a physician.

ensorship regulations. Two television commercials were aired in 1984. The first commercial contained coverage of a medical conference held by FOF to launch Norminest Fe. The commercial featured doctors and other experts at the conference discussing the safety and efficacy of the product. The second commercial contained instructions for doctors on how to teach their patients to correctly use Norminest Fe. The instructional booklet inside each package was also featured. Obviously both these commercials, although geared to doctors, also raised public awareness. Since its introduction, Norminest Fe sales have risen steadily.

The advertising campaign directed toward the general public consisted of magazine, newspaper, and billboard advertisements, and radio spots. The advertisements pushed the concept of birth control pills for the active, healthy woman. The pictures featured a modern woman on the go with a city scene in the background. Her wedding ring is prominently displayed (see Figure D-4). A picture of the Norminest Fe box and the pill packet is also shown. After evaluating consumer reaction, a second version of the same advertisement was produced. This version showed the same woman, but in traditional dress with a rural village scene in the background. A radio script for a Norminest Fe advertisement is shown in Figure D-5.

رعاية أسرتي بنشاط وحيوية
هو هدف حياتي
و محبوب نورمنست اليومية
هي وسيلتي



- أسرة المستقبل تقدم الحبيب الجميلة لتنظيم الأسرة "نورمنست حديد"
- للسيدات اللاتي يستخدمن الحبيب لأول مرة ... والسيدات اللاتي
- يتقنن عن إستخدام الحبيب لمدة لا تقل عن ثلاثة شهور .
- تحتوي على نسبة قليلة من الهرمونات وذلك فهي قليلة الأعراض الجانبية .
- تحتوي على شريط على ٢٨ حبة. تؤخذ بالنم منها ٧ حبوب حديد .
- لا تحتوي من النسيان لأن لكل يوم حبة دون توقف .
- متوفرة أيضاً على شكل حبة لإستخدامها مع كل شريط .
- لتزيد من المعلومات أتعطى الكتيب الإرشادي بتفصيل كل حبة .

استشيري الطبيب أو الصيدلي إذا كانت نورمنست هي وسيلتك أنت أيضاً.

نورمنست حديد



NORMINEST[®] Fe

حقة الآن في جميع الصيدليات

من أسرة المستقبل

FIGURED 4

"The Active Healthy Woman" concept used in the NORMINEST ads.

Figure D-4. The "Active Healthy Women" Concept
Used in the Norminest Fe Advertisement.

Figure D-5. Family of the Future's
Norminest Fe Radio Commercial: Rural Village Version,
90 Seconds

Sound Effect	Audio
- Sounds of life at sun rise in an Egyptian Village	
- Sound of birds and the cry of a rooster	Woman: Our day will be fine... come on, get up.
- Footsteps and the opening of a door	Woman: God bless all this; what is all this?
- Sounds of hens, ducks and geese	
- Footsteps	Woman: Good morning.
- Sounds of cows mooing	Woman: Well, I'll light up the oven for the food.
- Footsteps	Children: We're hungry mother. Woman: Are you hungry already?
<u>Flash</u>	
- Sound of putting wood into the fire	
<u>Flash</u>	
- Cricket sound at night and the sound of a flute	Woman: Thank God. Children: Good night mother. Woman: Good night.
- Sound of a box of pills being opened and a pill being taken	
- Sound of someone drinking water	

C O M M E N T

This lady...ended her active day with Norminest daily pills from Family of the Future...Norminest pills...low side effects...Norminest pills...ideal for women using the pill for the first time...Norminest Fe from Family of the Future is now in pharmacies.

Foaming Tablets: Amaan

The foaming tablet campaign was less successful. This campaign was directed at women who were lactating, over 35 years of age, had sexual relations infrequently, or had missed some pills in their oral contraceptive cycle. Because it is illegal to indicate proper usage on television, many women thought that the tablets were to be swallowed. Other less serious misconceptions included confusion concerning the correct timing of the insertion of the tablet before intercourse and the length of the tablet's effectiveness (about one-half hour).

Although sales increased dramatically after the start of the advertising campaign, they fell off quickly as many women reported high rates of pregnancy while using the product. Current research to improve the instructions included in each package may somewhat alleviate this problem. Because Amaan will no longer be sold (A.I.D. is now providing another brand of foaming tablet--Flower), FOF must now launch a new campaign for the Flower brand foaming tablet. But all is not lost from the previous Amaan campaign, the experience gained from the first campaign will perhaps help the new campaign solve some of the problems encountered in the first.

3.2 Products Targeted to Doctors

Promotion of FOF products to doctors is carried out by FOF's medical representatives. These representatives visit doctors in hospitals, public and private clinics, and child health centers throughout Egypt. Most of the medical representatives are pharmacists or veterinarians. Each medical representative is given targets for visits and sales according to his or her region. The average representative visits five doctors, five pharmacies, and one hospital daily.

The medical representatives deal mainly with IUDs (Copper-Ts and Copper-7s) and oral contraceptives. The medical representatives provide doctor and pharmacists with general information on the advantages of FOF products. Representatives leave posters, leaflets, calendars, and wall charts with all those they visit and take orders for more products. (The orders go directly to the FOF sales department.) FOF medical representatives promote oral contraceptives in a manner similar to that of medical representatives at any drug company; however, because the system for promoting IUDs is unique further detail is provided below.

3.2.1 IUDs

Among contraceptive social marketing projects worldwide, only the FOF project offers and sells significant numbers of IUDs. (IUDs have been sold through one other contraceptive social marketing project, PROFAM in Mexico, which claims a 25-percent market share of all IUDs sold in Mexico; however, IUDs do not account for many couple-years of protection.)

The FOF representatives not only promote Copper-Ts and Copper-7s, they offer training in insertion. Doctors can arrange through an FOF medical representative to receive inexpensive (about US\$7.00) training in Cairo on proper IUD insertion. For doctors who cannot go to Cairo, the representative shows a videotape and demonstrates the insertion on a plastic model.

The FOF's media department, in collaboration with the advertising agency Publigrphics, has developed a series of IUD instructional materials to be left with the doctor. The materials demonstrate the benefits of the FOF IUDs and proper insertion methods. Free IUD inserting tools are left with the doctors as gifts. The quality of these promotional materials is quite good, and the graphics are excellent.

The prime target of IUD distributors is doctors. Most doctors prefer to maintain their own stock of the kinds of IUDs they prefer. Some doctors, however, prefer to write prescriptions and have the women buy the prescribed IUDs from pharmacies. Thus FOF medical representatives must ensure that FOF IUDs are available in pharmacies.

FOF has not advertised IUDs directly to the public. Most women have heard about IUDs either from their doctor or from their friends. Public advertising did not seem worthwhile, given the relatively small number of doctors in Egypt who know how to correctly insert IUDs. The FOF IUD product manager realizes the dangers involved in promoting IUDs should many Egyptian women become unhappy with theirs because of improper insertion.

One public IUD campaign is currently in the planning stages. This media campaign, to be aired on radio and television, will be geared toward women who have already had IUDs inserted. The advertisements will remind these women that their IUDs must be changed every 2 years. Such a campaign will also indirectly affect women without IUDs. From the advertisement, women can infer that IUDs are available and that many women have IUDs and are happy with them.

(9)

3.2.2 Pregnancy Kits

Plans are currently being discussed to expand the FOF line to include pregnancy testing kits. A logical extension to the FOF product line, such kits would also generate more revenue for FOF. The promotion of such products has yet to be announced.

3.2.3 Other Promotions

FOF's media department, with the assistance of AMA Leo Burnett, periodically prepares presentations for Government leaders, the medical community, and the donor community. Typically, these presentations use a variety of media techniques, including slides, videotapes, and flipcharts.

In addition to these types of presentations, FOF is working to get coverage of its health programs on television as well as in magazines and newspapers. FOF's general family planning advertising campaigns continue to be a popular mechanism for keeping the public aware of the need for family planning.

3.3 Current Situation: Banned From Television

By mid-1984, FOF advertising was in full swing. Four different products were advertised through a wide range of media. Although some jokes surfaced about the campaign, the public reaction was favorable.

Then a columnist from one of the major newspapers chose the FOF media campaign as a target in his popular daily column, called "Half A Word". The journalist chooses a wide variety of targets daily--from the television authority to Pepsi-Cola. Even Government ministers are considered fair game. In late 1984 the family planning campaign fell prey to his pen. He did not distinguish between FOF and the State Information Service (SIS); instead, he began to attack the whole campaign to bring about general family planning awareness in Egypt. The names of two mythical women used in the family planning advertisements became major characters in his script. He mocked the Tops campaign ("the easiest, the ideal, and the surest") by pushing his own current idea as the easiest and the surest. He told a story of a family watching television in their living room: following an advertisement for Tops, one of the daughters asks her father, "What's this, daddy? Chewing gum for men?" At first the humor brought good publicity; however, as the jokes continued, the campaign was hurt. The final straw came when the

journalist wrote that he had had dinner with the Minister of Information who had promised to stop the campaign. Whether this statement was true or false, the authorities decided to put a halt to the FOF advertising. Television commercials dwindled from 42 spots for Tops in December to 7 spots in January. By March 1985, advertising stopped completely. Norminest Fe advertisements were also banned.

It is not clear when television advertisements will resume. FOF is currently working with the Ministry of Information to come up with a workable formula. Meanwhile advertisements continue in magazines and newspapers and on billboards and signs on buses. New advertising campaigns are also in the planning stages, ready to implement once the ban is lifted.

4. ADVERTISING AND PROMOTION: MAJOR THEMES

From the advertising and promotion experiences of FOF, two major themes emerge. The first deals with the flow and spread effects of the technology transfer, some of which were predictable while others were not. The second theme centers on the breaking down of barriers, both legal and social.

4.1 The Flows and Spread Effects of the Technology Transfer

As anticipated, much technology passed from the technical assistance contractors, Needham Porter Novelli, to the communications department of FOF. However, the technology transfer flows within Egypt were less predictable.

The FOF communications department learned a great deal from the technical assistance provided by the U.S. firm. Needham Porter Novelli was particularly helpful in counselling FOF on how to choose local advertising agencies and to evaluate their work. The FOF communications director said that this assistance greatly affected FOF's activities.

FOF worked with several international advertising agencies in Egypt. One would expect international advertising agencies to contribute to FOF's body of knowledge. In fact, the reverse occurred--the advertising agencies learned significantly more from FOF than vice versa. FOF's use of marketing research in every stage of the media campaign process was a somewhat new technology in Egypt. Several account executives from the various advertising agencies said that they had learned much from FOF about ways of running their future campaigns.

There were two other noteworthy spread effects. First, Cairo University made the FOF marketing scheme part of its marketing curriculum, so Egyptian marketing students will be learning from the FOF experience. Second, several personnel left FOF to form their own private social marketing agency. They claim that prior to the formation of their agency, such service was unavailable to the Egyptian public. Presumably FOF will draw on the services of this new firm, and each will learn from the other's experiences. Figure D-6 shows the direction of the technology transfers in the FOF contraceptive social marketing project.

4.2 Breakdown of Barriers

4.2.1 Legal Barriers

Until the FOF campaign, advertisement of contraceptives in newspapers and on television, radio, billboards, and buses had never been done before. Getting these advertisements through the censorship boards was a major accomplishment. To increase their chances of meeting the censorship requirements of the Ministry of Information, FOF developed several alternatives for each campaign. For example, instead of one condom advertising campaign idea, FOF had five ready. When the censorship board

vetoed one, another was proposed immediately. Flexibility and the ability to shift direction entirely when necessary allowed FOF to overcome the censorship obstacles. Government support for the population problem also played a role.

4.2.2 Social Barriers

In a predominantly Muslim and very conservative society, the advertisement of specific family planning methods raised more than one eyebrow. A previously taboo subject has been brought into the open and can now be discussed in polite society. The ease with which the public received these messages and discussed their contents surprised everyone. This important impact of the campaign will be felt in Egypt for many years to come.

Figure D-5. Directions of the Technical Transfers in the FOF Contraceptive Social Marketing Project

Market Research
Needham Porter Novelli

Advertising
Needham Harper

FOF Communications
Department

Egyptian
Advertising
Agencies

Cairo University
Marketing
Curriculum

Social
Marketing
Research Firms

APPENDIX E

CONTRACEPTIVE DISTRIBUTION

1. FAMILY OF THE FUTURE'S DISTRIBUTION SYSTEM

In 1984 Family of the Future (FOF) distributed nearly 31 percent of all contraceptives distributed in Egypt. Marketing research and promotion are the foundation of FOF's social marketing effort, but the system for delivering contraceptives to the ultimate user is critical contraceptive sales and to the impact of the social marketing effort on contraceptive prevalence in Egypt.

FOF established an internal distribution system that includes all points in the process--from receipt of the A.I.D.-donated commodities in Egypt, to their delivery to pharmacies, doctors, hospitals, and clinics. FOF has 25 medical representatives and 7 sales representatives. The organization covers approximately 5,400 of the 7,000 pharmacies in Egypt and has plans for expansion.

The system begins with receipt of commodity shipments at the ports of Alexandria and Port Said about 14-15 times per year. FOF's Assistant for Administration is responsible for

clearing the shipments with customs, securing exemption from the 20-percent import duty (which was waived by Government decree for all contraceptives), paying fines and other duties, filing insurance claims if necessary, and delivering the contraceptives in rented trucks to FOF's inventory center in one of its two Cairo warehouses.

From this warehouse the commodities are sent to packaging centers in Cairo. Nearly all contraceptives are packaged by FOF, although El Nile Company, the Government pharmaceutical production company, has a contract to package the oral contraceptive pill Norminest Fe. After packaging, in the Capital the contraceptives are taken to FOF's second warehouse in Cairo, where they are picked up by the sales and medical representatives. There are storerooms in the three regional offices for the use of the sales representatives, but each must pick up the contraceptives from the Cairo warehouse. Eight FOF-owned vans are used by the sales representatives, with one extra as a standby.

Seven sales representatives, four in Cairo and three serving the Eastern Delta, Western Delta, and Upper Egypt, deliver oral contraceptives, condoms, foaming tablets, and IUDs to pharmacies. Representatives visit pharmacies once a month in Cairo, Giza, and Alexandria and every 45 days in the other regions. Medical representatives promote two IUDs, the Copper-T

and Copper-7, to doctors and pharmacies. Pharmacy IUD orders given to the medical representatives are passed on to the sales representatives; IUDs are sold to doctors from a supply carried in the medical representative's car. Distribution and sale of oral contraceptives (which became non-prescription items 2 years ago), condoms, and foaming tablets are handled by sales representatives.

A system of targets and incentives for visits and sales applies to both sales and medical representatives. Sales representatives receive a base salary; they also receive incentive payments if they meet or exceed sales targets. Medical representatives receive credit for the orders they receive from doctors and an extra bonus, determined by the FOF director, for their contribution to sales actually made by sales representatives to pharmacies. The incentives given to sales representatives are significant; on average these incentives represent more than twice the representatives' salary in Cairo and more than 100 percent of their salary in Upper Egypt. Targets are decided on by the product managers, distribution managers, and the FOF director, based on previous sales, an expansion factor, and any special promotion campaigns.

Both sales and medical representatives maintain their relationships with pharmacists and doctors through frequent visits. Sales representatives are supposed to visit all their

assigned pharmacies at least every 30 or 45 days. Medical representatives visit for doctors, five pharmacies, and one hospital per day. The medical representatives are either trained pharmacists or veterinarians. Although veterinarians are considered medical professionals, they are less in demand than physicians and thus are easier to attract and hire.

2. DISTRIBUTION SYSTEMS

2.1 Product Line

Promotion and sale of IUDs to doctors as part of a social marketing scheme are found only in Egypt and Colombia. Given the large number of doctors in Egypt, their inclusion in FOF's marketing effort seems reasonable, and it does not seem to have unduly complicated distribution and promotion, although there are issues inherent in the social marketing of IUDs that need mention.

First, despite the very favorable ratio of doctors to population, not everyone visits a doctors. The fact that pharmacists can prescribe and sell all drugs decreases the need for physicians' services. However, because only physicians may

insert IUDs, two-thirds of IUDs are sold to middle-class and one-third to upper-class women. All FOF contraceptive products attract middle-class consumers, and for IUDs the market is skewed toward slightly higher income levels.

Second, inclusion of IUDs in the contraceptive social marketing system entails medical training. Outside Cairo, gynecologists are not available, and physicians are not routinely trained in IUD insertion. FOF has addressed this problem by providing a 2-day training course (at ££10, or about US\$7) that includes five IUD practice insertions. The course is offered in Cairo to interested physicians who have had no prior training in IUD insertion. During their initial visits medical representatives are responsible for determining the training of doctors' needs and for persuading them to undertake the training. If the doctors refuse the training, the representatives show them the procedure on a pelvic model and then sell them the IUDs. Copper-Ts are still more popular than the Copper-7s because more doctors have been trained to insert the Copper-T and because they are cheaper (££1) than the more recently introduced Copper-7 (££3). Moreover, Copper-Ts are supplied by A.I.D., while FOF must purchase Copper-7's.

2.2 Internal Versus External Distribution

FOF tried contracting for distribution, first with a private firm and then with the Government company, the Nile Company (for Alexandria and the Eastern Delta). However, neither arrangement proved satisfactory. Early experience with external contracts suffered from the following problems:

- Commodity losses
- Inadequate or inaccurate data
- Delay's in deliveries due to a rigid system for distribution from a Cairo warehouse to an Alexandria warehouse that took 1 month
- Tying the sale of FOF commodities to purchases by pharmacies of less popular drugs manufactured by the company handling the distribution

As a result of these problems, FOF established its own distribution system, which has evolved with little external input. Training of FOF field representatives also has been done in-house. The system for receiving and clearing imports was also developed independently by FOF. The U.S. technical

assistance team for the distribution system made some suggestions, but these proved unrealistic in the Egyptian setting. Of the short-term training provided in the United States and in Egypt, the Egyptian training at the Sadat Academy was believed to be more useful.

There are two pharmaceutical firms in Egypt (Pfizer and Swiss Farma) that have internal distribution systems. No firms seem to have tried to copy FOF's internal system. However, the Egyptian Government's distribution company, the Egyptian Pharmaceutical Trading Company (EPTC), has requested vans from A.I.D. (which have been supplied) and financial assistance to hire detail men (which has not been supplied); these are both components of FOF's system.

Given the not very effective external options for contraceptive distribution available in Egypt, FOF seems to have taken the most successful course in developing its own system. the following factors have contributed to the system's effectiveness:

- The first distribution manager began his career as a distributor, which gave him a sense of the market and continuous close contacts with sales representatives in the field.

- FOF sales representatives have established personal relationships with and acquired the trust of pharmacists through frequent visits and provision of information and conferences for pharmacists.
- There has been little turnover of sales representatives (one died and one was promoted).
- The sales system is flexible, with extended payment terms of 30-45 days for pharmacists; however, the pharmacists must give post-dated checks to the sales representatives at the time of purchase.
- A system of targets and incentives for sales and medical representatives has kept the staff motivated and the system vital.
- The FOF director knows and understands the whole system, from market research through promotion to distribution, and can effectively coordinate the entire operation.

A July 1985 survey of 12 pharmacies in different sections of the Cairo Governate, carried out by an Egyptian researcher, revealed that FOF's distribution system was still not considered as effective as the distribution system for oral rehydration

salts and cosmetics (see Exhibit E-1 for detailed findings.) The survey found that although FOF distributed contraceptives to all the pharmacies visited by the researcher. The FOF sales representatives had not made regular monthly visits to all of the pharmacies. The sales bonus system seems to encourage more frequent visits to pharmacies that have the greatest sales volume--at the expense of visits to other pharmacies. Regular sales visits are important for FOF because it has no center that pharmacists may call to place orders between visits. In contrast, pharmacists may call in orders for oral rehydration salts and cosmetics. The distribution system for cosmetics, which was preferred by most pharmacists, cannot really be compared with FOF's system, because there are higher markups on cosmetics and greater competition between cosmetics firms. However, in comparing the distribution of Oral rehydration salts with that of contraceptives, 10 of 12 pharmacists surveyed considered the distribution of the oral rehydration salts to be better than that of FOF products. They reported that the distribution was faster and more reliable, that they could request oral rehydration salts from any company, that they could call in reorders as needed, and that the promotion and advertising of these products had increased demand.

3. CONTRACEPTIVE PRODUCTION AND DISTRIBUTION BY OTHER COMPANIES

FOF's role in the distribution of contraceptives must be viewed in the context of the production and distribution of contraceptives through other channels in Egypt. Since the early 1950s the Government and, beginning in the mid-1960s, the Egyptian Family Planning Association (a quasi-governmental organization) have distributed family planning supplies to hospitals, clinics, and health centers throughout Egypt, initially for free and currently at 5 piasters per cycle of high-dose oral contraceptives, 5 piasters for 3 condoms, 20 piasters for 20 foaming tablets, and £E1 for IUDs.

3.1 Production

Pharmaceuticals are produced in Egypt by two Government companies, the Nile Company (which has a licensing agreement with Wyeth) and the Chemical Industries Development Company (CID). Schering also produced contraceptives. CID and the Nile Company work under the Government national plan to produce the pharmaceuticals needed in Egypt. Locally produced high-dose oral pills are distributed to the Ministry of Health and the

Egyptian Family Planning Association (EFPA). Although the Nile Company is primarily a manufacturing company, it distributes 75 percent of its own contraceptive products. The Government-owned Egyptian Pharmaceutical Trading Company (EPTC) distributed the remaining 25 percent. The Nile Company, under its agreement with Wyeth, would like to expand production to include low-dose oral contraceptives. A proposal for support of this expansion has been discussed with USAID/Cairo.

3.2 Distribution

The Government has made EPTC responsible for importing and distributing vital drugs. Under the "open door" policy, private companies can also import and distribute drugs. EPTC imports and distributes about 85 percent of vital drugs, while private companies cover about 15 percent. EPTC also distributes about 50 percent of locally produced drugs. Thus, EPTC distributes about 75 percent of all pharmaceuticals in Egypt.

The Government established EPTC to ensure equitable distribution of drugs throughout the country, particularly where private companies would find it unprofitable to operate. EPTC is responsible for supplying 4,500 Government units that carry

contraceptives and 7,000 pharmacies. Each unit carries about a 6-month supply (compared with the 1-month supply sold to pharmacies by FOF sales representatives).

Both EPTC and the Nile Company distribute the high-dose 5-piaster oral contraceptive through Government channels and pharmacies. The 5-piaster cycle costs pharmacies 3.5 piasters. EPTC imports and distributes 100 percent of the pharmaceuticals imported by Wyeth. The Nile Company distributes locally the low-dose oral contraceptive Nordette for Wyeth. EPTC's director believes that EPTC and FOF complement each other and that FOF advertising, especially for Amaan, has increased demand for and sales of the foaming tablet.

Revenue from sales of contraceptives through Government health units is collected by EPTC, turned over to the National Population Council, which deducts taxes and gives the money to the Ministry of Health Family Planning Administration, which, in turn, allocates funds to the health units to be used as incentives for staff.

4. TECHNOLOGY TRANSFER TO DISTRIBUTION SYSTEMS

FOF has developed an effective internal distribution system, after having briefly experimented with both contracting

through private and Government distributors. Development of FOF's system seems to have occurred with little external assistance or tangible technology transfer. More obvious technology transfer took place in promotion/advertising and market research. As yet, other Egyptian companies have not copied FOF's distribution system. This may occur in the future, but it is too soon to know.

Government regulations on advertising, pricing, importation, and distribution of contraceptives, as well as Egyptian Government salary structures, may have hindered technology transfer between the private and public sector. For example, the Egyptian Government salary structure is too low to attract a sales force to promote contraceptive sales, such as the sales force employed by FOF. Contraceptive advertising on television, which FOF has used successfully, has been denied to other firms.

There is some prospect for change in the new latitude allowed to private companies. At the end of July 1985, Wyeth was allowed to set up a 100-percent private company, Wyeth-Egypt, through a public offering. This company plans to make a new oral contraceptive, which the Government will allow the company to sell at a far higher price than the price currently charged.

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Exhibit E-1. Results of Pharmacist Interviews

Twelve pharmacists were interviewed between July 25 and 27 1985 by a researcher from the social research firm, Social Planning, Analysis and Administration. The pharmacies were randomly selected from various districts of the Cairo Governorate: Abdeen, Sayda Zeinab, Misr El-Kadima, El-Daher, Boulaq, Embaba, Dokki, Heliopolis, Gamalia, Shubra, and Abbasia.

The interviewer introduced herself as a researcher collecting information on the distribution of contraceptives to pharmacies. She used an interview schedule with open-ended questions to collect data. The questions were as follows:

1. Do you sell contraceptives?
2. What brands do you carry of the following kinds of contraceptive:
 - Foam tablets
 - IUD
 - Low-dose oral contraceptives
 - High-dose oral contraceptives
3. Do you deal with FOF?

What kinds and brands do you get through FOF?

4. Are you satisfied with the FOF distribution system?
Why yes?
5. What do you think of the FOF distribution system in comparison with that of other companies that distribute contraceptives?
6. What do you think of the FOF distribution system in comparison with that of companies that distribute cosmetics?
7. Does the customer usually ask for a specific brand or just ask for a method and you suggest the brand?
8. Do clients ask your advice on contraceptives?
9. Do you check whether Norminest Fe (when requested) is suitable as a method for the user?
10. Do you carry oral rehydration salts?
11. Is the distribution system of oral rehydration salts better or worse than FOF's distribution system?
12. What is the socioeconomic level of your customers?

Observations: Researcher looked on counter, at show window, and at walls for any FOF promotional advertisements.

Answers were tabulated and the following are the findings:

1. All carry condoms Tops; 3 carry more than one brand of condom; 11 carry Amaan foaming tablets; 3 carry more than one brand of foaming tablet. Seven carry Copper-Ts and Copper-7s; 2 carry "multiload", of which carries only ML. Twelve carry Norminest Fe and other brands of low-dose pills.
2. When asked what they procure through FOF five pharmacists did not mention Norminest Fe, three did not mention Amaan, six did not mention Copper-7, and one did not mention Copper-T and multiload?
3. Six were pleased with the FOF distribution system for the following reasons:
 - a. Adequate supply of products (4)
 - b. Frequent distribution of products (3)
 - c. Availability of products by vans (i.e., immediate availability) (1)
 - d. Increases in demand due to advertising (1)

Six were not pleased with the distribution for the following reasons:

- a. Supply shortages: Copper-T (2)
 - Tops (1)
 - Amaan (2)
 - Norminest Fe (1)
 - General (1)
 - b. Infrequent distribution (3)
 - c. Irregular distribution (3)
4. Comparisor. of the distribution systems of FOF and other agencies distributing contraceptives shows the following:¹
- a. FOF better (4)
 - b. Other companies better (5)
 - c. Same (2)

FOF was judged better for its quick, on-the-spot, product availability, regular service, and concentration on and specialization in contraceptive sales.

Other companies were judged better for their quicker, more regular deliveries and because they could be contacted for orders, do not require checks, and have greater quantities of stocks.

¹One pharmacy does not deal with other companies for contraceptives.

5. Comparison of FOF's distribution system and that of companies that distribute cosmetics shows the following:
 - a. Nine think cosmetic distribution companies are far better and cannot be compared with FOF. They are more active, visit more frequently, and have quicker delivery service.
 - b. Two think they are comparable.
 - c. One thinks that FOF is better because FOF products are available on the spot.
6. Nine pharmacists said that customers ask for a specific brand. Three said it depends on whether customers are first-time users, their level of education, and the type of contraceptive requested; Norminest Fe is requested by brand; other contraceptives are requested by type.
7. Seven pharmacists said they do not counsel customers except when requested to explain instructions on use of a contraceptive. Four said some people ask for counseling, and one said the physician usually prescribes such methods as condoms or foaming tablets; then the pharmacist advises.

8. None of the pharmacists screen Norminest Fe customers, except one who said he screens first-time users.
9. A comparison of FOF's distribution system with that of oral rehydration salts shows the following:
 - a. Ten think distribution of oral rehydration salts is better because pharmacists can request it from any company when they are out of stock; the product is more available; delivery is quicker, and promotion and advertising have increased demand for the product.
 - b. One pharmacist thinks they are comparable.
 - c. One thinks FOF is better because of its more regular distribution.
10. None of the pharmacists exhibited any promotional materials for FOF products.
11. Ten pharmacists sell to people of all socioeconomic levels, two sell to those from the middle class, and one sells to people from the middle and lower classes.

Conclusion

The FOF distribution system reached all pharmacies visited, which were located in different areas of the Cairo Governorate. However the following three points seem evident from the analysis:

1. Not all pharmacies are visited at regular 1-month intervals. The bonus system seems to encourage sales representatives to visit pharmacies that have greater sales more frequently.
2. There is no center or warehouse that pharmacists may contact to place orders between visits by FOF sales representatives. (If there is one, some pharmacists are not aware of that.)
3. Cosmetic distribution systems cannot be compared with the FOF distribution system because of greater competition among cosmetic companies and higher markups on cosmetic products.

APPENDIX F

ORGANIZATIONAL STRUCTURES TO SUPPORT SOCIAL MARKETING

The structure of a social marketing organization may receive scant attention during the early planning stages of a social marketing program; yet decisions made--and not made--at the planning stage will influence the organization's effectiveness in the short term and its ability to grow and change over the longer term.

A marketing organizational structure is shaped by several factors, including the program's mission and objectives, top management's philosophy of organization and view of marketing, the relative importance of various marketing tools, the types and numbers of products to be marketed, and the nature of the organization's competition. In addition, historical, situational, and personality factors also significantly influence the marketing organizational structure.

1. ORGANIZATIONAL STRUCTURE OF FAMILY OF THE FUTURE

Family of the Future (FOF) has passed through four marketing-organization stages and has emerged in a fifth stage, with a product management system headed by a director of marketing.

1.1 Stage 1: Startup (1979)

FOF began funding in January 1979 with International Planned Parenthood Federation (IPPF) and started marketing products in June 1979. The FOF board of directors hired an executive director, who in turn hired a staff; first a secretary and an administrative manager, then two marketing representatives, followed by a medical promotions manager and other staff. Each person performed many tasks, and his or her responsibilities changed as FOF's immediate needs shifted. This flexible collaboration under demanding circumstances heightened the involvement and loyalty of the staff at this early "entrepreneurial" stage. The effect was to build a core of "founding partners." After more than 6 years, all but one of the staff hired at this stage are still with FOF, although in more responsible positions. This structure and the ones that followed were designed by the executive director, who drew on his prior marketing experience.

1.2 Stage 2: Departmental Structure (December 1980)

By December 1980, the organizational structure included the following seven departments:

- Sales and distribution--with one manager, 6 sales representatives, and 5 distribution representatives
- Volunteers and social affairs--one manager
- Advertising and publicity--one creative and art-work supervisor
- Followup and information--one manager
- Administrative and warehousing--one manager, one store chief
- Scientific and medical--one manager, one research assistant, and one communications assistant
- Accounting--one manager, one assistant accountant

The manager of each department reported directly to the executive director, as did the assistant project director, public relations and board affairs coordinator, and the director's secretary.

At this early stage in the life of FOF, the distribution and sales functions were the core marketing tasks, supported by

the other departments. The advertising/promotion function was then at a very preliminary stage, and the marketing research function did not exist at all.

1.3 Stage 3: Functional Structure (July 1982)

At this stage, FOF was organized into functional areas, each headed by a manager who reported directly to the executive director. FOF continued to emphasize detailing to pharmacists and product distribution; the managers of these areas--medical promotion and distribution--had line authority. A third manager headed the volunteers who organized rallies to inform the public about contraception and about FOF products. Figure F-1 shows FOF's organization chart at this stage. Note that marketing research and advertising had become separate areas, with one person in marketing research, two in advertising, and one in public relations. Each of the three line functions was carried out in more than one region.

This organizational structure combined both a functional and a geographical emphasis. The function-oriented marketing organization is the earliest and most common structure. The logic of this form of organization is that specialization by function provides a higher level and concentration of expertise

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-18-

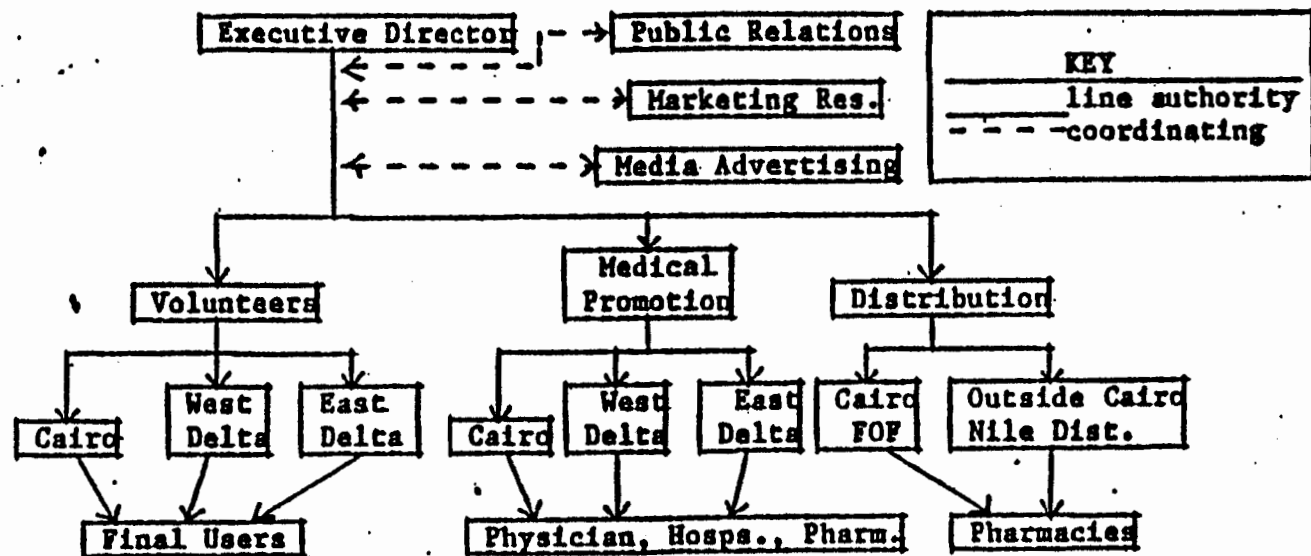


Figure 3F-1
 at POF
 Organization of Marketing Activities, July 1982
 Functional Structure

NOT
MANAGED

FIGURE F-1. Organization of Marketing Activities at FOF,
July 1982: Functional Structure

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than do alternative organizational forms. In general, a function-oriented marketing organization works well when there is homogeneity of products and customers. Under this arrangement, those in functional areas can apply their expertise to the full range of marketing tasks because specialization by product type or market is unnecessary.

As of July 1982 FOF was carrying three products: Amaan foaming tablets, Tops condoms, and the Copper-T IUD. The first two products are simple to use and medically noncontroversial (although advertising the products was controversial, as described in Appendix D). Pharmacists were familiar with these two products, detailing (on product knowledge and contraindications) was concentrated on the IUD. Thus a function-oriented marketing organization matched FOF's stage of development. In 1982, FOF also expanded to Alexandria and Sharkeya. Although this geographical expansion was supported by the expansion of each function into the new regions, the essential functional expertise was still clearly centralized in Cairo.

A functional structure can pose two major drawbacks. First, the chief marketing executive--in this case, the executive director--is ultimately responsible for the successful coordination of the activities of the various functional areas in support of each product and/or market. No one person in a

functional department assumes this sort of responsibility. Second, functional areas may occasionally end up competing among themselves for resources. FOF managers exhibit an extraordinary sense of professionalism and collegiality, so this appears not to have been a problem.

1.4 Stage 4: Regional Organization (Late 1982)

A social marketing audit in July 1982 proposed a regional organizational structure (Figure F-2). This proposed structure was implemented, with three managers, each responsible for the complete product line for a particular geographical area, which was further subdivided into three areas, each staffed by medical representatives, volunteers, and distribution staff. Marketing research, advertising, and public relations departments reported to the executive director.

This structure is often suggested for geographically expanding programs; it is a reasonable approach to coordinating the distribution and distribution-support activities within each of several geographical areas. This type of organization also has drawbacks. For example, a marketing program that must inform and motivate consumers can be hampered by a structure in which consumer sensing and contact functions are typically not

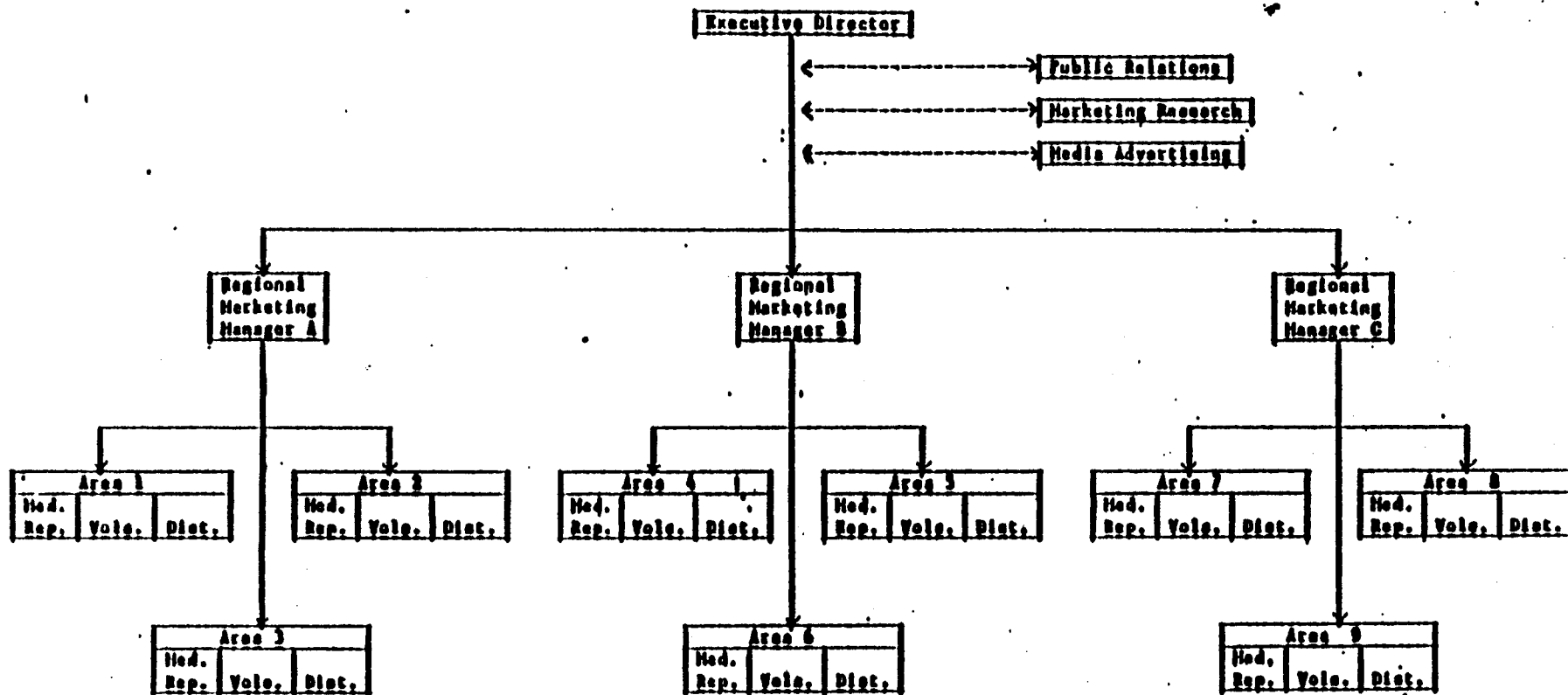


Figure F-2

Proposed Organizational Structure

Regional Structure at FOF, late 1982

NOT
MAILED

Figure F-2. Regional Structure at FOF, Late 1982.

well coordinated in the product distribution system. Under FOF's regional structure, regional managers operated in isolation from FOF goals. In a highly centralized country, in which all facets of national life are focused in Cairo, regional managers continually had to return to FOF offices in Cairo to coordinate the activities of their region with the goals of the organization.

Dissatisfaction with this regional marketing structure encouraged the executive director to consider alternatives.

1.5 Stage 5: The Product Management System (July 1984)

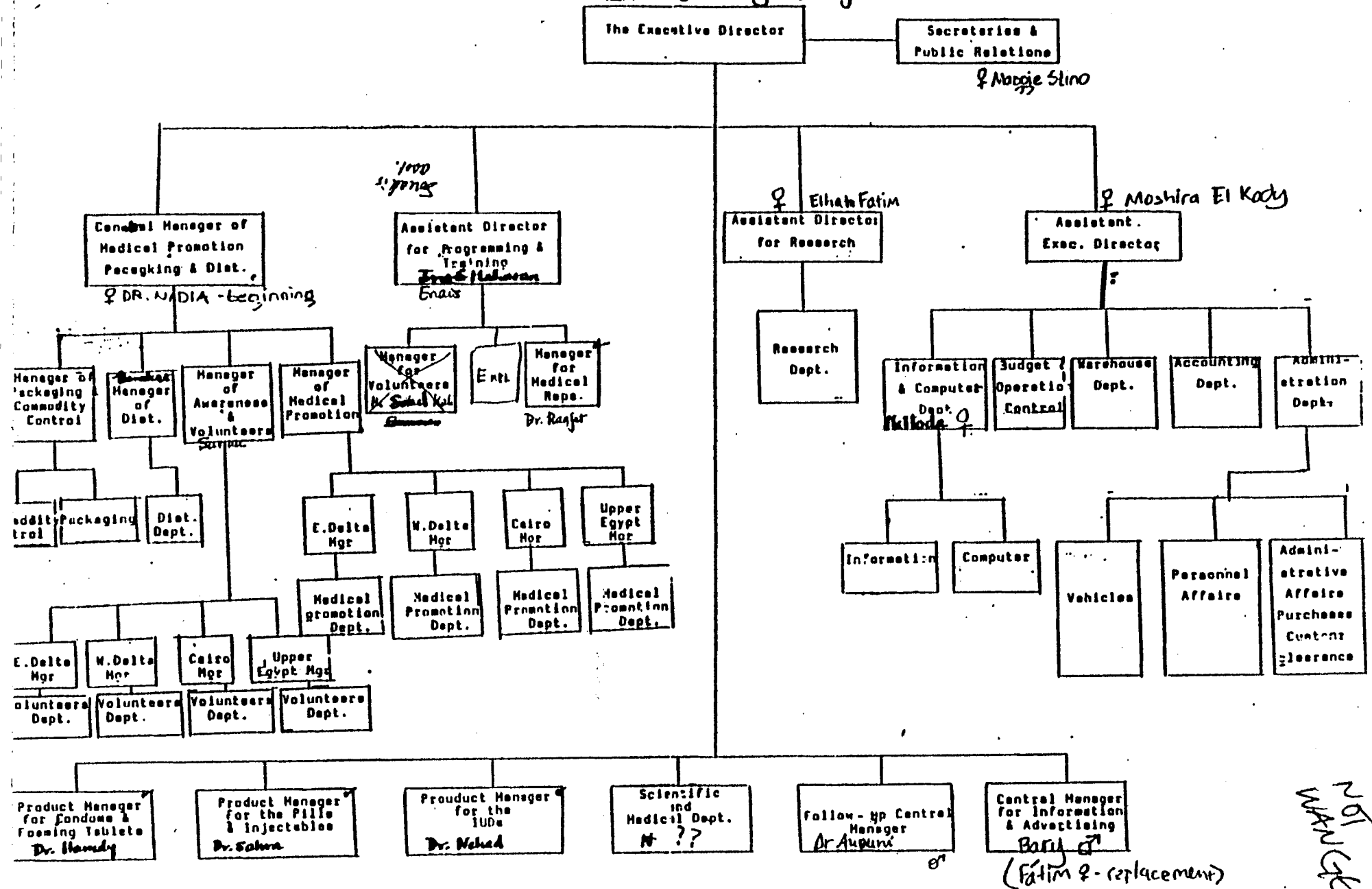
In 1983 executive director and consultants from Needham Porter Novelli discussed an organizational structure that would be appropriate for FOF and its anticipated growth. Novelli described FOF's structure then as a "comb-tooth" structure--with many people reporting directly to the executive director. The result of such a structure was an emphasis on short-term actions at the expense of the development of a long-term strategy. Novelli believed that in 1983, with FOF firmly established and rapidly growing, the organization could turn its attention to issues beyond extensive distribution. (In fact, at the time

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Figure F-3

FAMILY OF THE FUTURE ORGANIZATIONAL CHART

Product Management System, July 1984



F-10

Figure F-3. Family of the Future Organizational Chart
Product Management System, July 1984

that the executive director and Novelli were discussing structure, FOF was undertaking its first consumer advertising campaign.)

The structure selected was the product management system. (Figure F-3 presents the organizational chart of this system.) A product-oriented marketing organization makes sense for an organization that produces/offers a variety of products that can appropriately be grouped together. By early 1984 FOF's product mix consisted of Amaan foaming tablets, Tops condoms, Copper-T and Copper-7 IUDs, and a low-dose oral contraceptive, Norminest Fe. The decision was made to add three product managers--one for barrier products (condoms and foaming tablets), one for systemics (oral pills and the forthcoming Depo-Provera, an injectable), and a third for IUDs.

The grouping of products also made marketing sense. The product groups differed (1) in the degree of medical attention that each required (from products that have no medical implications--the barrier products--to those that can only be used with a doctor's intervention--the IUDs); (2) in the type of consumer that each was likely to attract; and (3) in the appropriate type of promotion that each needed to reach its target audience.

Implementing this change in structure began with newspaper advertisements for the product manager positions. The product management system is new to Egypt, so the applicants were manufacturing/control people and medical representatives, not experienced product managers. Therefore, the executive director decided to promote from within. Three FOF employees, with experience as FOF medical representatives, were promoted to product managers in June 1984.

A product manager is responsible for coordinating all the elements that contribute to the success of his or her product group. (This stands in contrast to the functional specialist who is responsible for performing the assigned portion of the marketing task according to professional standards, but who has no bottom-line responsibility). Product managers create marketing plans for each of their products, see that the plans are implemented, monitor the results, and take corrective action as needed to keep the plan on track. A product manager should be in a strong position to carry out these tasks because he or she needs to understand only the marketing complexities of a particular product group.

The three FOF product managers now develop marketing plans, work with marketing research and advertising professionals as needed, and help prepare and motivate medical representatives to present the effectiveness of their products to pharmacists and/or physicians.

A frequent criticism of the product management system is that product managers often compete for marketing support from marketing research, advertising, and other departments. FOF has avoided this problem because of two factors. First, the product managers have worked together at FOF for several years and are committed to FOF's goals. Second, the FOF marketing program emphasizes each product group during a 3-month period. Thus during the quarter when barrier products are the focus, marketing research, advertising, detailing, and other activities emphasize the barrier product line.

In 1985, the executive director hired a director of marketing, to begin work on August 1, 1985. The marketing director will direct the work of the three product managers and the advertising and communication managers. The executive director stated that the new director of marketing is slated to take over direction of FOF when the executive director moves to the National Population Council.

2. MECHANISMS FOR CHANGE IN FOF'S ORGANIZATIONAL STRUCTURE

The executive director's marketing experience and graduate education in the United States and the advice and recommendations of the two American marketing experts were the

source of the new organizational technologies that were transferred to FOF. FOF's executive director was the technology gatekeeper, weighing the appropriateness of each structure for FOF. When the executive director selected the product management structure, he also organized the appropriate staff training by drawing on experts from Needham Porter Novelli, by organizing special in-house programs conducted by faculty from Sadat Academy (Cairo), and by sending several FOF managers a 2-week business management course at George Washington University.

The executive director adapted each organizational structure to the needs of FOF and its particular stage of growth and sought various types of capacity-building measures (training, supervision, and soon) to prepare his managers to take on their new responsibilities. One of FOF's organizational strengths is its ability to take on new organizational structures while also preserving a collegial, cooperative spirit. There is no indication that changes in the organizational structure have created discontinuities in FOF's activities or adversely affected the staff's shared sense of purpose, this is perhaps the most impressive feature of FOF's experience with new organizational structures.

APPENDIX G

EGYPT: DEMOGRAPHIC, SOCIAL, AND ECONOMIC BACKGROUND

1. DEMOGRAPHY

1.1 Demographic Context

Egypt, as a developing country, suffers from three interrelated demographic problems: a high population growth rate; spatial maldistribution of the population; and generally low levels of education, health, skills, and labor-force participation. These conditions have constrained development and are considered by the Government of Egypt as issues requiring special attention.

1.2 Population Growth

The population of Egypt was estimated at 49 million in 1985. There are approximately 1 million births every 10 months. Since the 1940s there has been a gradual decline in the death rate, reaching approximately 10 per thousand in the early 1980s, without a similar decline in birth rates. Although birth

rates declined temporarily between 1967 and 1973, this trend was reversed after 1973 and continued so until the end of the decade. Natural growth rates increased from 2.4 percent in 1966 to almost 2.9 percent in 1979. The decline in birth rates between 1967 and 1973 is attributed primarily to the 1967 war and the continuous mobilization of military forces until 1983. The subsequent upward trend is attributed to a postwar baby boom and the high proportion of women of childbearing age. Currently around 40 percent of the population is below 15 years of age, with a child/adult ratio of 75:100.

1.3 Spatial Distribution

The spatial distribution of population in Egypt is characterized by the continuous increase in urbanization rates, with highly congested urban centers and an overconcentration of the population in the Nile Valley and Delta, which constitutes less than 4 percent of the total area of the country. Currently, 46 percent of the total population resides in urban centers, with almost one-fourth of the population residing in Cairo. Population densities in some areas in Cairo are around 110,000 people per square kilometer; in one district in Alexandria the population density is 146,000 people per square kilometer.

1.4 Population Characteristics

Although primary education is compulsory in Egypt and schooling through the university level is free, about 56 percent of the Egyptian population above the age of 10 is illiterate. Illiteracy rates are higher among women (71 percent) than among men (42 percent). They are also higher in rural areas: 86 percent of rural women are illiterate versus 53 percent of urban women.

At the other end of the spectrum, however, Egypt has a relatively high percentage of university graduates (2 percent), for whom the Government guarantees civil service and public sector jobs. Limited Government budgets and the large number of university graduates seeking Government jobs have resulted in low-paying civil service jobs with high job security. The educational structure of the population has resulted in two disparate groups: (1) a large illiterate population, with minimal or no reading and writing skills, constituting an unskilled labor pool engaged in informal sector economic activities; and (2) relatively high numbers of professionals, insufficiently trained in overcrowded universities, either unemployed or underemployed, and residing mainly in urban areas. Low salaries and overcrowding of offices negatively affect motivation to work and overall productivity in the country.

Female participation in the skilled labor force is low (6 percent), although almost 85 percent of women with secondary education and above are employed. The low educational level of females also has direct impact on fertility levels and overall health conditions. Demographic surveys indicate that women with formal schooling marry at an older age, have fewer children, desire a smaller family, are more likely to use contraceptives, and have lower family rates of infant and child mortality than women without formal schooling.

Child mortality in general is quite high, considering the almost complete geographical coverage of health services and the adequate number of health personnel and facilities (population per physician is about 1,200, and population per hospital bed is 460). Although the quality of health services is of some concern, the poor health conditions among the population are attributable more to the lack of health knowledge among the population due to low literacy rates, especially among rural women.

2. FAMILY STRUCTURE AND ATTITUDES TOWARD FAMILY PLANNING

The Egyptian family is characterized by male dominance. The traditional role of women is to marry and procreate. Women are well socialized to take over their responsibilities of

serving their husbands and children. This division of roles and responsibilities tends to perpetuate the belief that children are a blessing, not something to complain about. Children support the roles and responsibilities of the parent of the same sex. Daughters help their mothers in domestic chores and in rearing siblings; boys may earn income at an early age to improve the family's financial condition. Thus the nature of the division between the roles of men and women and the extra income that children bring to rural and low-income urban families enhance the value of large families.

In general, the motivation to use contraceptives to regulate fertility is relatively low in Egypt. Many do not consider rearing children to be costly compared with the benefits derived from large families. The fears of side effects from contraceptives (which may affect the health of the wife/mother) is another factor that reduces the demand for family planning.

Large-family norms also are supported by religious beliefs. While family planning for spacing of children is encouraged in Islam, limitation of family size is not. There is still no clear consensus among religious leaders on the standing of family planning vis-a-vis religious principles; some religious leaders hold that family planning is against Islamic teachings. Families who oppose family planning for other

reasons tend to use religion as an excuse or use it to reinforce their position. The ambiguous position of family planning within the Islam religion leads political leaders to shy away from such potentially volatile issues and to avoid giving clear support to family planning. Support for family planning among the Egyptian intellegentsia is not strong enough to encourage direct involvement with the issue on the part of the political leadership. Several vocal scholars continue to blame underdevelopment, not population growth rates, for Egypt's demographic and economic problems.

The large-family norm, the ambiguous religious position of family planning, and the low Government profile in support of family planning all act to reduce overall demand for contraceptives, especially among rural and low-income urban families. Nevertheless, most Egyptian couples who use contraceptives do so to limit the total number of pregnancies rather than to space their pregnancies.

3. ECONOMIC CONTEXT

During the past decade, Egypt has experienced development with high economic growth. Gross national product (GNP) grew at an average annual rate of 12 percent between 1974 and 1981.

Increases in oil revenues, migrant labor remittances from oil-rich countries, and revenues from the Suez Canal are the major contributors to this economic growth. The "open-door" economic policy permitting privately owned businesses has increased private investment, both foreign and domestic.

Rising incomes and a slowdown in agricultural production have increased the importation of food and other consumer goods, thus increasing the demand for foreign currency and resulting in a spiral inflationary impact on the economy, augmented by rapid inflation of the world economy. Government-controlled prices for basic consumer goods, energy, transport, rents, public sector wages, and foreign exchange have created a dual economic system of free-market and controlled prices. Although fixed prices helped those with access to controlled goods and services avoid stressful adjustments in their living standards, fixed prices have created major distortions and inefficiencies in domestic production. The burden of fixed prices falls largely on the commodity-producing sectors (industry and agriculture), which has led to the shifting of resources from these activities to trades and services which are more profitable.

This rapid economic growth was stimulated by external factors and had limited impact on creating new employment opportunities for the ever-increasing population. Although private sector investment, production, and employment have grown

faster than in the public sector, the latter still accounts for 40 percent of total employment, 54 percent of value added, 60 percent of total expenditures, and 70 percent of total investments. Distortions have been created in the labor market. There are shortages in skilled labor and, in many areas, in unskilled labor also. Surplus labor is concentrated in the public sector, in certain parts of the urban informal sector, and among a growing number of new university graduates. Demand for child labor has increased in the agriculture sector and in the small-scale and informal sectors.

These recent changes have affected income distribution in rural and urban areas, as well as the composition of poverty groups. Wage earners are no longer the poorest of the poor. The poor families in rural areas are those with very small farms or the landless who have no migrant family members and who work in the low-productivity tertiary sector in the villages. In urban areas the situation is more complex and blurred, with considerable incomes generated from informal activities. Little is known about the distribution of profits and wages in the private sector of urban areas. Public sector wages have not been equally affected, and public sector employees depend on a second job to make an adequate living.

Inequalities in income distribution still exist and may be increasing. The latest World Bank estimates indicate that the top 5 percent of households with the highest incomes receive 22

percent of the income, and the bottom 20 percent of households with the lowest incomes receive 5 percent of the income. Twenty-five percent of the rural population and 21 percent of the urban population are estimated to be below absolute poverty levels.

The rapid economic changes experienced by all segments of Egyptian society have increased uncertainty and anxiety, especially among the middle- and lower middle-income classes in urban areas, reinforcing their conservative beliefs and enhancing religious fanaticism.

The social and cultural consequences of economic change have affected primarily the educated youth, who have become trapped between rising aspirations and limited opportunities. Scarce jobs, housing shortages, increasing consumer goods, and imports, inflation, upheavals in the social structure, privileges attained by the few who were educationally equipped to gain from exposure to Western technologies, all these factors and others ushered in and strengthened a strong rightist movement. The open-door policy has been blamed as the source of all ills because it has increased exposure to the Western world.

The Government has responded to the social and economic unrest and to the falling revenues from oil exports and migrant remittances by increasing controls over imports, the banking

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system, foreign exchange, and public expenditures. The Government also tightened censorship of television programs and advertising to reduce their provocative effect on the urban middle class.

APPENDIX H

FAMILY OF THE FUTURE: GOVERNMENT POLICY CONTEXT

1. EGYPTIAN GOVERNMENT POLICY: ECONOMIC BACKGROUND

Following the 1952 revolution and through the 1960s, Egypt went through a period of nationalization, which left little latitude for private sector aspirations. With a socialist ideology the Government increased control over all aspects of the economy to ensure adequate economic growth rates and equitable distribution of income and services. The Government became totally responsible for all services related to the well-being of the citizens and directed resources accordingly. Education, health services, housing, and food were either provided free or were heavily subsidized. It also became the Government's responsibility to provide employment for the increasing numbers of college and university graduates.

In the 1970s, the Government introduced its "open-door" policy to encourage greater private sector activity by loosening some Government controls. However, the principles of socialism and the policy of equitable distribution of services to the masses were not altered.

Currently, Egypt has a dual system of salaries. The salary structure of the Government civil servant is very well defined with limited differentials and has not increased sufficiently to

accommodate inflation. In the public sector, incentives are used to supplement salaries and to motivate more effective performance. However, the incentives are perceived as part of the basic salary and consequently lose their power as incentives. Private sector salaries are based on supply and demand. No well-defined structure has evolved and private sector salaries vary greatly. They are still generally higher than civil service salaries, but private sector jobs offer less security. The result is a shift of skilled employees from the public to the private sector, increasing the already existing efficiency gap.

The general level of effectiveness of Government services has declined. Bureaucratic procedures, improper management, low employee morale and operating budgets, inadequate employee skills, and the increased number of people and organizations needing Government services have all interacted to lower the quality of such services.

The current Government is trying to improve this situation by increasing public sector salaries, reducing red tape, and improving the followup system by concentrating on goals. The Government is encouraging decentralization and political participation by a democratic, multiparty political system to ensure the improvement of overall public sector performance.

2. POLICY ON PRIVATE ORGANIZATIONS

Egypt has a long history of private voluntary activities that have provided a variety of services. Under socialism these services came to be considered the responsibility of the Government. Private voluntary organizations provide welfare services under the control of the Ministry of Social Affairs (if the activities are social in nature) or under the Ministry of Culture. Both Ministries provide subsidies to some PVOs and are responsible for auditing their accounts and supervising their activities.

The declining involvement of private voluntary organizations that occurred during the 1960s has recently been reversed. The Government now encourages the establishment of nonprofit organizations to address social needs without totally dominating the organizations through Government administrative rules or salary structure. Yet all foreign funds received by these organizations have to be approved and funnelled through the relevant ministries.

A similar mushrooming of private, nongovernmental organizations also occurred. With the liberal economy and escalation of foreign-aid funds and foreign capital, several for-profit, nongovernmental organizations have emerged to meet

the new market needs. These range from advertising firms to research and consulting firms in all fields. These organizations are largely independent of the Government, and some Government officials are mistrustful of them.

3. POLICY ON FAMILY PLANNING

The Government has officially sponsored a national family planning program since the 1960s. There are several Government policies and regulations, however, that hinder effective delivery of family planning services. Prices of drugs and pharmaceuticals are controlled by the Government. All drugs must be registered with the Ministry of Health, and registration formalities can be long and difficult. Contraceptives are considered drugs and must be registered before they are imported, manufactured, or sold on the market. However, the usual 20 percent import tax on pharmaceuticals has been waived for all contraceptives.

The importation, manufacturing, and distribution of drugs had been solely carried out by the public sector until recently. The private sector has been gradually playing a greater role and currently handles about 15 percent of the importation and distribution of vital drugs. In July 1985, the

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Government granted permission for Wyeth to set up a wholly private company, Wyeth-Egypt, and to build a private manufacturing plant in Egypt.

Until 1982 contraceptive drugs could be dispensed only by physicians and pharmacists. Now trained nurses and midwives may dispense nonsurgical contraceptives. As with all drugs, brand names are not supposed to be commercially advertised to consumers, thus limiting the advertisement of contraceptives.

4. FAMILY PLANNING IN EGYPT

In 1953, following the revolution, the new Egyptian Government established a National Committee for Population to study the demographic situation and make recommendations for a population policy. Two years later, eight clinics had been opened in Cairo and Alexandria, which distributed free contraceptives--but only to married women with three children, who had their husband's consent and who had health or economic reasons for not wanting more children. The clinic services were not publicized.

In 1957 the National Committee for Population became the Egyptian Family Planning Association (EFPA), acquired

nongovernmental status, and was registered with the Ministry of Social Affairs. The Alexandria Family Planning Support Society, established in 1962 by the Government, was extremely weak. However, in 1962 a National Charter cited population growth as a dangerous obstacle to development. In 1965 a Presidential Decree established the Supreme Council for Family Planning, headed by the Prime Minister. An executive board was established to coordinate family planning and to mount a national family planning program through the Ministry of Health. EFPA was selected to coordinate activities of private voluntary groups, with support from International Planned Parenthood Federation (IPPF) in London and from the Ministry of Social Affairs.

The Government's family planning service program is implemented through the health units of the Ministry of Health, as an extension of maternal and child health activities. As of 1982 there were nearly 4,000 family planning units; the majority were located in rural health centers, the remainder in smaller village health units. Contraceptives are distributed to the health units of the Ministry of Health by the Egyptian Pharmaceutical Trading Company (EPTC) (the Government pharmaceutical distribution company). In 1979, following an official decision to encourage private pharmacies to sell

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contraceptive pills and condoms, EPTC began to distribute oral contraceptives and condoms to pharmacies at the same subsidized prices that were charged by the health units.

The private voluntary sector also provides family planning services through the EFPA, which has about 500 clinics. All private voluntary organizations are registered under the Ministry of Social Affairs and are therefore quasi-governmental. In return, the Ministry of Social Affairs offers material and technical assistance to organizations that establish family planning centers. The Ministry of Social Affairs contributes about ££50,000 annually in support of voluntary family planning activities. EFPA acts as a federation coordinating the voluntary family planning centers run by a variety of private voluntary organizations.

In 1973 the Supreme Council began to stress the role of socioeconomic factors as determinants of fertility rates and sought to affect population growth through interventions in many areas, one of which was family planning services. Other interventions included raising the standard of living, encouraging the employment of women, lowering infant mortality, and encouraging rural industrialization.

In 1975, the population problem was defined even more holistically in terms of population growth, population

maldistribution, and low literacy. The responsibility for implementing the policy and program was given to the community. The Population Development Project was initiated in 1977 to provide development incentives to communities that achieved locally determined contraceptive prevalence targets. The State Information Service was made responsible for disseminating information, about population and family planning.

The family planning service program in Egypt has been very clinic-oriented, with contraceptives provided through the Ministry of Health and EFPA clinics. Given the high number of doctors per capita in Egypt, this is not surprising. Moreover, the extensive network of pharmacies throughout Egypt provided the opportunity to use the pharmacies as outlets for family planning supplies. The establishment of Family of the Future (FOF) occurred at this time.

The most recent development in family planning policy in Egypt was the establishment in January 1985 of the National Population Council (NPC). Presided over by President Mubarak, the Council was established to cover all family planning activities in Egypt. The NPC has replaced the Supreme Council and its implementing secretariate, the Population and Family Planning Board. Plans for the new national program are not yet complete; however, FOF will operate under the NPC. It is expected that there will be some transfer of FOF's social marketing experience and technologies to the national program.

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APPENDIX I

DESCRIPTION OF THE ORAL REHYDRATION THERAPY CAMPAIGN AND COMPARISON WITH FOF'S CONTRACEPTIVE SOCIAL MARKETING

1. THE ORAL REHYDRATION THERAPY NATIONAL CAMPAIGN

1.1 Description

1.1.1 Background

In 1983, Egypt started a national campaign, funded by USAID/Cairo (US\$26 million) and the Egyptian Government (US\$18 million), to introduce oral rehydration therapy. A semi-independent organization was created by the Ministry of Health to coordinate, plan, and facilitate the implementation of the project, called the National Control for Diarrheal Diseases Project (NCDDP). John Snow International (JSI) was contracted by USAID/Cairo, with the consent of the Ministry of Health, to provide technical assistance to the project. The overall objective of the project was to reduce infant and child mortality from diarrheal disease throughout Egypt, specifically among rural and low-income urban populations.

To achieve the objective, the campaign trained physicians, nurses, pharmacists, and other health workers; stocked local

pharmacies with oral rehydration salts; and began a mass media/education and product promotion program.

Oral rehydration salts were available in Egypt prior to the national campaign. UNICEF had imported large packets of Oralyte (to be dissolved in 1 liter of water), which it distributed to all Government health units. Chemical Industries Development Company (CID), a public sector company, has manufactured Rehydran since 1978 for private outlets. Around 1982, CID started production for UNICEF. Thus, oral rehydration salts had been available in the market in both private and public outlets, but there were no special promotion activities associated with it.

1.1.2 Production and Distribution

CID produces oral rehydration salts for NCDDP. Production was increased from 3 million to 80 million packets per year. Chemicals are imported and funded by the USAID Commodity Import Program through the Ministry of Planning. This arrangement was promoted by NCDDP as the most viable and effective way to ensure systematic and continuous production. Foil for packaging was imported at first but now is manufactured in Egypt by a joint venture company newly established for medical and pharmaceutical

products packaging. All pharmaceutical prices are fixed by a Ministry of Health special committee; the sale price for oral rehydration salts is £E45 (about US\$0.56) for 10 packets. Production costs are £E36; pharmacists get a 20-percent markup. Revenue from packet sales is kept in a special account for use by the Ministry of health, with USAID/Cairo consent, on other projects. (These funds have not yet been used.) Plastic measuring cups with the project logo and plastic spoons are produced and distributed free to pharmacies. The pharmacists are allowed to sell the cups for 5 piasters for extra income, although many pharmacists give them away.

Outlet channels are private pharmacies and Government health units. Distribution is carried out by three companies: CID, 40 percent; the Egyptian Pharmaceutical Trading Company (EPTC), 30 percent; and Middle East (MED), a private distribution company, 30 percent. This is the first time that the Ministry of Health, has used private distributors for drugs produced by public sector firms. NCDDP pushed for the arrangement as an effective way to create competition and to increase the efficiency of public sector companies.

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1.1.3 Advertising and Promotion

In promoting a new concept (oral rehydration therapy) and a new product (oral rehydration salts), NCDDP had to compete with alternative views on diarrhea therapy, some of which were incompatible with oral rehydration therapy. Thus research on beliefs and practices was important for promoting this new idea and product. The target audiences were primary caregivers (mother, father, other relatives) and secondary sources of care (health providers, mainly physicians and pharmacists). Information was collected through focus group sessions, in-depth interviews, structured surveys, and direct observation. A summary of ethnographic research in Egypt on diarrheal disease was prepared and updated continuously as project activities progressed. A thorough review of advertising resources in Egypt was carried out with the assistance of Egyptian communication and media consultants. Existing advertising agencies were weak in communication theory and lacked marketing research capabilities. Only one agency, RADAR, had that capability and was extensively used in testing and pretesting messages and in developing the logo.

A pilot mass media/education project was conducted in the Alexandria Governorate from May to October 1983, while certain elements of the campaign were promoted nationally. The media

campaign included the production of television commercials about oral rehydration using a famous male comedian; songs and drama productions; radio programs; a physicians' expert panel; advertisements on billboards; and the production of posters, flyers, pamphlets, and booklets for a variety of audiences.

In the second year, during the summer of 1984, advertising provided information on how to prevent dehydration, how to mix oral rehydration salts, and what to feed the child who has diarrhea. A famous actress with a motherly public image was used to present these messages. The third-year campaign included 10 commercials, each with a single simple message. Advertising appeared on prime-time television and radio before and after popular programs.

All research and advertising activities were subcontracted to private Egyptian firms. No internal capabilities were developed within NCDDP, with the exception of the communications consultant who teamed in mid-1985 with a Family of the Future (FOF) communication expert to form a nonprofit, private organization to develop social communication mass media messages.

1.1.4 Training

NCDDP developed model oral rehydration centers at university pediatric hospitals. These centers trained medical students and Ministry of Health pediatricians and general practitioners. Now oral rehydration centers are being established at the governorate and district levels and will be used as regional training centers. NCDDP has promoted training programs that use the clinical approach in training physicians; it coordinates training schedules with the Ministry of Health through the help of governorate coordinators. Currently, NCDDP is developing a standardized curriculum for training in oral rehydration therapy to be implemented in all governorates.

1.1.5 Management of NCDDP

NCDDP is governed by a board of directors chaired by the Minister of Health, who delegated that responsibility to the Undersecretary of Primary Health Care. The executive director is appointed by the Minister of Health from among Ministry senior professionals. The director is aided by a deputy who is responsible for all activities at the governorate level through

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governorate coordinators who ensure the availability of products, coordinate training of physicians, and establish oral rehydration centers.

Project personnel are recruited from the Ministry of Health, universities, and the private sector. Special incentives are provided to Government-recruited personnel. As yet, however, there is no set salary scale, and the differences between private and Government salaries create recruiting problems.

1.1.6 Technical Assistance

JSI provided technical assistance to NCDDP. During the first year, there was an administrative assistant and a medical consultant; they were joined by a training consultant in the second year. A research and evaluation consultant also joined the team in 1985 to integrate research findings and direct future research according to needs. Several short-term consultants have provided technical assistance in training, research, media, and advertising.

1.2 Environment of the Oral Rehydration Therapy Campaign

The socioeconomic and political environment of the national campaign for oral rehydration therapy provided both support and constraints.

Socially and culturally, no group opposed saving the lives of children. There were no cultural taboos nor strong traditions against the use of oral rehydration salts. Most traditional practices were based on mothers' experience of what worked best.

Nonetheless, the project had some difficulties that it had to overcome. First, the low level of education of the majority of mothers required that the messages targeted toward this audience and instructions on the proper use of the salts be very simple and direct. Second, products users had difficulty measuring the right amount of water to mix with the salts because of variations in the sizes of cups and glasses available in the home. The project produced plastic cups of 200 cubic centimeters and messages that encouraged the use of small soft drink bottles ("Sport Cola") to correctly measure the amount of water for one packet of Rehydran. Third, there were certain practices in treating children with diarrhea that had to be overcome, such as withholding food and fluids and stopping

breastfeeding (often on the physician's advice). Fourth, physicians and pharmacists were not very cooperative at the beginning because and had to be convinced of to stock oral rehydration salts. Fifth, oral rehydration salts, as a drug, had to conform to Ministry of Health regulations; the regulation prohibiting the mass-media advertising of medicine was waived for oral rehydration salts by the Minister of Health.

On the plus side for the project was Egypt's excellent public and private health service infrastructure. The project has been effective in mobilizing all available resources for its success.

2. ORAL REHYDRATION THERAPY AND TECHNOLOGY TRANSFER

2.1 Impact of the Oral Rehydration Thereapy Campaign

Preliminary evaluation studies in 1984 indicated that more than 90 percent of mothers with young children had learned about diarrhea-caused dehydration and oral rehydration salts. Over half of the mothers surveyed have used the salts for their children. The percentage of mothers who correctly mixed the

oral rehydration salts varied by region, from 83 percent of mothers surveyed in Cairo to 36 percent in rural Upper Egypt. The campaign appears to have had a marked effect on knowledge and use of oral rehydration therapy. A 1983 precampaign survey carried out in Alexandria found that only 32 percent knew about dehydration, 5 percent knew about oral rehydration therapy, and 1 percent had used oral rehydration salts.

A study that followed up on over 10,000 children under 2 years of age from July 1984 to February 1985 found a 30 percent drop in the infant mortality rate between 1982 and 1984.

Although preliminary, these data indicate substantial success in increasing knowledge and use of oral rehydration salts as a treatment for children with diarrhea. The project has successfully spread the technology of correct product usage to mothers, physicians, and other health personnel and has created a demand for oral rehydration salts.

Indirectly the project has reduced the overall cost to the Ministry of Health for treating children with diarrhea by 90 percent. Hospital use of intravenous fluids for treatment of diarrhea dropped from 80 percent to 2 percent, and there are indications that physicians have reduced the amount of drugs prescribed to children with diarrhea.

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2.2 Technology Transfer

In addition to the successful spread of the concept and the product, NCDDP has accomplished much more, including the following:

- Prior to NCDDP, limited production created supply shortages. The project convinced CID of the importance of continuous production to meet the newly created demand. As a result of promotion, Rehydran, once a product only reluctantly carried by pharmacies, is now a sought-after, "prestige" product that salesmen use to establish customer contact.
- The project urged the Ministry of Health to contract with a private company as well as with public companies for product distribution, thus creating healthy competition that has positively affected the performance of public companies.
- Project personnel believe that the project greatly increased the receptivity of Ministry of Health officials to social marketing; at the beginning of the project, the idea of addressing mothers (not physicians only) directly through health messages had not been well received by the Ministry.

- Training centers reinforced clinical training of physicians.

- A U.S. marketing research consultant trained, Egyptian researchers in focus group research. This research has been especially helpful in testing the feasibility of using villagers to maintain oral rehydration salt depots and to educate mothers.

Three individuals made notable contributions to the technology transfer process. Dr. Mamdouh Gabr, a pediatrician and former Minister of Health, signed the project Agreement. A convinced supporter of oral rehydration therapy, he acted as the technology patron. A political influential person, he provided continuous and public support and helped overcome barriers related to Ministry of Health decisions. Dr. Norbert Hirschhorn from JSI, was the technology broker. A pioneer in the development of oral rehydration therapy technology, Dr. Hirschhorn has the highest respect of professors, physicians, and decision-makers in the Ministry of Health. Because he is familiar with the latest developments in oral rehydration therapy technology, he was able to answer any questions and allay any fears. He successfully coordinated the social marketing effort by drawing on all available resources: project managers, ministry staff, universities, public and private institutions, and agencies. Also influential was the actress

Karima Moukhtar, who was the spokesperson in the media advertising campaign. A highly popular actress whose public image is that of a concerned mother, she was instrumental in convincing mothers through television advertisements of the merits of oral rehydration therapy.

3. COMPARISON OF THE ORAL REHYDRATION THERAPY CAMPAIGN AND
FOF'S CONTRACEPTIVE SOCIAL MARKETING

Both the oral rehydration therapy national campaign and FOF's family planning campaign use social marketing technology to market a concept and a product. Table I-1 presents a comparison of the FOF project and NCDDP. Tables I-2 and I-3 show the different technologies that played a role in NCDDP and FOF efforts.

Table I-1. Comparison of Two Egyptian Social Marketing Programs

Category	Family of the Future	National Control of Diarrheal Diseases Project
Nature of Implementing Agency	Semiprivate, newly established marketing organization	Semi-independent Ministry of Health-created organizations.
Source of Funding	USAID (originally, IPPF)	USAID and Ministry of Health
Project Start Date	Mid-1979	January 1983
Form(s) of Technical Assistance	Contracted by USAID, multiple providers, nonresident, short term (TRITON, Needham Porter Novelli, and others)	Contracted by USAID with Ministry of Health approval, resident advisers (administration, medical, training), and several short-term advisers.
Prior Sources/Products	Contraceptives available from pharmacies, Government, and PVO clinics	Rehydran brand oral rehydration salts available in pharmacies and Government clinics
Consumer Attitudes	Generally aware, negative/fearful of side effects	Unaware, receptive (no opposition)
Range of Products	Several: IUDs, pills, condoms, foaming tablets	One: Rehydran (in small packets); now introducing I.V. solution
Product Source	Imported (most donated by USAID), packaged in Egypt	Manufactured and packaged in Egypt
Product Benefits to User	Prevents pregnancy; enables spacing of children	Prevents or relieves dehydration from diarrhea to prevent death from dehydration
Product Benefits to Society	Slows population growth; reduces pressures on resources and services	Decreases infant/child death from diarrhea; improves general health of children

Table I-1. Comparison of Two Egyptian Social Marketing Programs (cont.)

Category	Family of the Future	National Control of Diarrheal Diseases Project
Ease of Use	Cumbersome and requires consistent, correct use on continuous basis for a long period of time	Easy, but must be prepared correctly and used promptly at the onset of diarrhea
Speed/Observability of Benefits	No occurrence of pregnancy	Rapid, immediate improvement in general condition of dehydrated child
Pricing Policy(ies)	Subsidized prices but more expensive than contraceptives available Government program through.	Subsidized (12%) price (equivalent to production cost)
Distribution Channels	FOF warehouses to FOF distributors to physicians (IUD) and commercial pharmacies	Distributed through public manufacturing company (40%) and private (30%) and public (30%) distribution companies to health clinics, hospitals, and pharmacies
Extent of Promotion	Extensive; various media used	Extensive; various media used
Use of Marketing Research	Gradually integrated into product marketing process	To analyze market and consumers' and health providers' knowledge, attitudes, and practices and to test and evaluate communication messages, logo, packaging, and soon
Societal Macro Impact	Difficult to measure; increase in contraceptive prevalence will eventually decrease birth rate	Decline in infant mortality rate, reduction in cost to Government of treating children from diarrhea
Types of Technologies Transferred	Advertising and promotion of contraceptives; marketing research methods; distribution; and spread of technology of appropriate use to mothers, physicians, and health personnel	Strengthened capabilities of existing channels in production, distribution, advertising, market research, and clinic approach to training; spread of technology of appropriate use to mothers, physicians, and health personnel

Table I-1. Comparison of Two Egyptian Social Marketing Programs (cont.)

Category	Family of the Future	National Control of Diarrheal Diseases Project
Intermediaries Used	USAID, TRITON, Needham Porter Novelli, Egyptian advertising and research firms	USAID, Ministry of Health, JSI, CID, EPTC, MED, Egyptian advertising and research firms
Beneficiaries Direct	Couples, mainly urban middle class	Children and families, middle and lower class
Indirect	Companies and agencies contracted by FOF	Physicians, Ministry of Health (reduced costs), companies and agencies contracted by NCDDP
Supporting Environmental Factors		
Socioeconomic	Couples interested in spacing children	No group opposed saving lives of children
Cultural	Islam supports healthy families	No cultural taboos or strong tradition against oral rehydration salts
Institutional	Family planning clinics in health delivery infrastructure	Health delivery infrastructure
Political	Support for lower population growth	Minimal support from political leadership
Opposing Environmental Factors		
Socioeconomic	Low demand, large families still desired, using contraceptives efficiently requires motivation and the support of both partners	Low demand at start, difficulty of measuring water correctly, initial opposition by physicians and pharmacists, low level of education of mothers
Cultural	Some religious opposition	Tradition of withholding food from children with diarrhea
Legal/Regulatory	Drug registration, censorship of advertising, prohibition of drug advertisements	Prohibition of drug advertisements (later waived)

Table I-2. Technologies Involved in NCDDP's
National Oral Rehydration Therapy Campaign

Form	Primary Core	Ancillary/ Supporting (Complementary)	Environmental Factors and Linkages
Product	Oral rehydration salts	Measuring cup "Super-ORS" (rehydration salts + protein supplement)	Availability of water Existence of appropriate distribution channels and outlets
Process	Utilization Mixing	Social Marketing Marketing research Advertising Distribution Training (for mother, doctors, others)	Access to communication channels (by highly developed medical and pharmacy infrastructure source and receiver)
Knowledge	Correct mixing and utilization	Nutrition Electrolyte balance Causes of dehydration	

Table I-3. Technologies Involved in FOF's Contraceptive Social Marketing

Form	Primary Core	Ancillary/Supporting (Complementary)	Environmental Factors and Linkages
Product	Contraceptives IUDs Pills Condoms Foaming tablets		Availability Regulation of manufacture and importation
Process	Manufacturing Utilization	Social Marketing Marketing Research Advertising Distribution Training	Regulation of distribution and advertising Access to communi- cation channels (by highly developed medical and pharmacy infrastructure source and by receiver)
Knowledge	Contraception	Family planning Communication theory/Attitude/ behavior change theory	

APPENDIX J

LIST OF CONTACTS

Family of the Future Staff

Effat Ramadan, Executive Director

Dr. Gamal Bakr

Mr. Mohamed Barakat

Mr. Abdel Fattah Abdel Bary

Mrs. Sanaa Saad Eldin

Mrs. Elham Fateem

Dr. Nadia Abdel Fattah

Dr. Nehad Hassouna

Miss Rawya Hegazi

Miss Moshira El Kady

Dr. Mohamed Khalil

Mrs. Enas Maharan

Mrs. Hoda Mahmoud

Dr. Raafat Abdel Messih

Dr. Hamdy El Naggar

Dr. Salwa Rizk

Miss Hala Tawfik

Dr. Seham El Sayed

Mrs. Magy Stino

Dr. Awny Tsmail

American Technical Assistance Contractors

Terry Baugh, Needham Porter Novelli

Patrick Friel, TRITON Corporation

Rachel Greenberg, formerly Needham Porter Novelli

Mark Lediard, Academy for Educational Development

Eva Lustig, TRITON Corporation

Sharyn Mallamad, Needham Porter Novelli

Bill Novelli, Needham Porter Novelli

Bob Porter, Needham Porter Novelli

Betty Ravenholt, The Futures Group

Jerry M. Russell, National Control of Diarrheal Diseases Project

Mary Lou Smith, University of Pittsburgh

Jim Williams, formerly Needham Harper

Others

Adel Ezz, President, Sadat Academy for Management Sciences

Sherine K. Fahmy, AMA Leo Burnett Advertising Agency

Zakareya Gad, Chairman, El Nil Company

Amr Ghanayem, Dean Sadat Academy

Sami Hafez, President, Egyptian Pharmaceutical Trading Company

Aziza Hussein, Chairman of the Board, FOF

Hatem Kabel, Assistant Lecturer, Mansoura University
Assam Khalifa, Al Ahram Advertising Agency
Maher Mahran, Secretary General, National Population Council
Moustafa Hesham Morsy, Assistant Lecturer, Sadat Academy
John Mubarak, President, AMA Leo Burnett Advertising Agency
Magda Rizkallah, AMA Leo Burnett Advertising Agency
Mohamed Sharaf, State Information Service
Yasser A. Sharaf, AMA Leo Burnett Advertising Agency
Said Tewfik, President, Wyeth Company
Abdullah Zaki, Team Misr

USAID/CAIRO

Connie Collins, Health Officer
Lenni Kangas, Population Officer
Timothy Seims, Project Officer

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